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*THE VALUE OF EYE SYMPTOMS TO THE GENERAL PRACTITIONER IN DISEASES OF THE NERVOUS SYSTEM.**

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THE more carefully the physician studies the symptoms of a patient afflicted with disease of the brain, the more thoroughly convinced he must become that there is something necessary to assist him in arriving at an intelligent diagnosis, aside from the consideration of persistent pain in the head, dimness of vision and a staggering gait. At present we would naturally look to the eye for an explanation of many of the healthy functions as well as diseased conditions of the brain. The relation of the eyes to the brain is a very intimate one, not so much on account of the nearness of the two organs as in the manner in which they are connected. From the earliest development of the optic nerve and retina in embryo through the entire life, they may be looked upon as an offshoot or projection of the brain physiologically and anatomically. Next, there are five pairs of nerve-trunks leaving the cranial cavity to supply the eye and accessory organs. There is a very intimate relation between the arterial and venous systems, and, lastly, the connection of the arachnoid space of the brain with the lymph spaces of the eyeball and the sub-vaginal spaces surrounding the optic nerve

itself. This ready interchange of fluid between the cranial cavity and the eyeball has cleared up the etiology of many diseases of both organs hitherto not understood (Schwalbe).

It is not readily comprehensible that these intimate physiological and anatomical relations may bring about a chain of symptoms on the part of the eye in disease of the brain of great importance from a diagnostic and prognostic point of view, if correctly interpreted. The situation of the brain, surrounded as it is by a bony covering, make it exceedingly difficult to study even its most simple functions, say nothing about the changes produced by pathological processes.

Is it to be wondered at that the ophthalmologist regards the invention of the ophthalmoscope as a great epoch? Certainly, physiology has few greater triumphs. With it, as it were, we "walk into Nature's laboratory, and, seeing the Infinite in action, we are enabled to look upon the only nerve in the whole body which can ever be open to our inspection under physiological conditions." It not only gives us an opportunity to study the circulation from its entrance into the eye through the arteries to its exit in the veins, but we can observe daily, hourly, changes in the circulation caused by morbid processes in the brain, kidney, and spleen. In fact, the ophthalmoscope is, in its department, as much or more than is the stethoscope and auscultation in disease of the heart and lungs. It is beautiful, perfect, and accurate in the hands of the adept. Though it requires skill to use it in its widest sense, yet, if every physician who used the microscope had to be a Virchow, or who used the ophthalmoscope a Helmholtz, our patients would certainly

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be objects of pity. It will require skill and practice in its use to recognize some of the symptoms to be detailed in this consideration; yet a number of symptoms, of great importance from a diagnostic stand-point, are of such a character that they can be easily recognized and comprehended. If we refer very briefly to the anatomy of the connection of the eye with the brain, it will be in the way of recapitulation. The blood-supply to the eye is from the ophthalmic artery, a branch of the internal carotid, given off in the cavernous portion. The nerve-supply—motion, sensation, nutrition, and special sense—is complex and thorough. The nerves of motion and sensation, from their deep origin in their course along the base of the brain until they enter the orbit and are properly distributed, are exposed to numerous pathological processes that may destroy their separate functions. The optic nerve is practically an extension of the brain forward with all its coverings into the orbit, and its terminus, the retina, will show the various changes, from a simple hyperæmia to absolute stasis.

Disturbances in the brain may result in complete loss of vision by the cause acting the same on both organs (Mauthner). An embolus may enter the central artery of the retina and cause one-sided blindness, while at the same time an embolus may enter the Sylvian artery and cause aphasia. One is not caused by the other, but both processes originate from a common cause,—possibly disease of the heart. In another class of cases the symptoms do not refer so much to the function of the eye, but more to the appearance of the retina and the intraocular extremity of the optic nerve and the intraocular blood-supply. In this category the two conditions known as neuritis ascendens and descendens are of the greatest interest. In the first condition (*stauungs papilla* of von Graefe) the optic-nerve entrance has a peculiar grayish-red appearance, quite elevated above the surrounding structures. The physiological boundaries of the disk are gone. Neither the sclerotic nor choroidal rings are visible. The main branch of the central artery is, as a rule, covered by the swelling and exudation of lymph, while some of the smaller divisions are just perceptible as a red line through a hazy mass. The arteries are not increased in size, while the veins are enlarged and very tortuous, occasionally disappearing from our view and

just as abruptly reappearing, giving to the vessels a distinctly-interrupted look. Space will not permit that we enter into the theory as to how a so-called choked disk is produced. It is sufficient to state that by the increase of intracranial pressure we produce a hydrops-vaginal *nervi optici*. The entrance of fluid into the subvaginal spaces from the arachnoid spaces of the brain is checked at the entrance of the nerve into the eyeball by the firm scleral ring. The compression that naturally follows to the optic nerve and blood-vessels at this point produces the symptoms above briefly mentioned.

Let us now contrast with this the picture of a neuro-retinitis, or a neuritis descendens. The optic papilla is generally somewhat swollen and hazy in appearance. The boundaries of the disk may be lost, and the haziness extend into the retina around the optic nerve. Distinct, white striations are always seen extending from the papillæ into the retinal structure, while yellowish-white plaques may be visible in the retina. The arteries are straight and appear attenuated; the veins are tortuous and enlarged. This disease may be termed a neuritis medullaris (Leber).

In the former instance, blindness is brought about by the continuous pressure on the ocular extremity of the optic nerve and the compression of the blood-vessels as they enter the eyeball, while in the latter instance the separate fibres of the nerve are undergoing the changes consequent upon an inflammatory process that is extending from the brain to the eyeball. A fibrinous exudate into the subvaginal spaces becomes organized in a connective tissue, and by its contraction causes atrophy of the optic nerve. The value of the first symptom is apparent when we analyze the report made by Annuski and Reich of the eighty-eight cases that came under their observation of brain-tumor. In eighty-two of this number neuritis of some character was present in both eyes. Mauthner insists that this symptom is exaggerated in importance and frequency.

He* reports a case of an enormous gliosarcoma situated at the base of the brain in a child three and a half years of age, where all brain symptoms as well as optic neuritis in the opposite eye were absent. From this we must conclude that, even though optic neuritis or choked disk are absent, a tumor may yet exist; but when these symptoms are present we may think of

* Wiener Med. Press, 1878.

the existence of brain-tumor, yet remember that abscess, meningitis, encephalitis, etc., may bring about the same symptoms. Noyes and Hughlings Jackson each report an instance where bilateral atrophy followed an optic neuritis with all of the indications of a coarse lesion of the brain, while the post-mortem examination failed to verify the ante-mortem diagnosis. This report is not intended to lessen the value or importance of the choked disk. Its presence indicates a brain-tumor, or a condition of the brain, if found in connection with the other symptoms, that will cause death sooner or later. Its absence in the same case may not signify anything. The ophthalmoscope does not show the location, variety, or size of the neoplasm.

Finally, we want to make a few general remarks relative to the connection between diseases of the eye and brain, where one common cause is the source of disturbance in both organs. In *tabes dorsalis*, or disseminated sclerosis of the brain, the atrophy of the optic nerve is not due to a central disturbance, but is only a manifestation of the disease on that given portion of the nervous system. The amaurosis observed during an attack of cerebro-spinal meningitis is caused by the same infectious material implicating at the same time the vascular system of the meninges and the choroid. In the latter instance there results a cyclo-choroiditis, whose etiology is the same as that of the cerebro-spinal meningitis.*

The chain of symptoms furnished by the implication of the nerve-trunks, in the various morbid processes above mentioned that supply the intrinsic and extrinsic muscles of the eye, are of great significance when taken into consideration with the other symptoms.

But the appearance of paralysis of one or more of the ocular muscles does not enable us to predict the nature of the morbid process nor localize its seat with any degree of certainty, since the nerve-trunks run in such close proximity to each other.

Paralysis of one or more of the ocular muscles in otherwise perfectly healthy children, when there are no symptoms calling attention to the central nervous system, is a very ominous sign. The patient complains of seeing double, and this very symptom may be present for weeks, the precursor to tubercular meningitis. If we rule out rheumatism and diph-

theria in these cases, we can make our prognosis with almost mathematical precision, viz., that tubercular meningitis will soon follow. In the adult paralysis is not so characteristic. In the large majority of cases it is due to syphilis. Some one of the nerve-trunks are affected in their course from their origin to their termination. A curious observation is, that while the agent causing rheumatism not infrequently also causes paralysis of one or more ocular muscles, yet it never causes paralysis of the abducens or external rectus. If all indications seem to point to some other etiological factor, the danger is great of making a mistake. In a majority of these cases, if they can be kept under observation, we will find in possibly the course of years other symptoms of *tabes* appearing. The abducens nerve is nearly always involved; the paralysis may be but very slight, remain but for a short period, disappear, and in course of a few weeks or months reappear in the opposite eye. On the other hand, complete paralysis of the abducens and rapid secondary contractions of the internal rectus muscle, causing a kind of squint resisting all operative interference, is the other picture. The premonitory symptom of progressive paralysis usually manifests itself by a paresis, sometimes multiple, sometimes bilateral, temporary in character, not infrequently involving another set of muscles, and finally disappearing entirely. Where associate paralysis occurs, so the eyes cannot be turned toward the right or left, involving the right external rectus and left internal rectus, one can infer that the cause is central and very circumscribed. At the deep origin of the abducens in the floor of the fourth ventricle, a small bundle of fibres crosses over to the opposite side to the oculomotorius (Duval). Féréol observed a case with the above symptoms, and when the post-mortem was made he was able to verify his diagnosis by finding in the floor of the fourth ventricle a tumor the size of a small nut.

Paralysis of the sympathetic causes a minute contraction of the pupil on the same side of the pathological process. There is probably no other single symptom so frequently noticed in pathological conditions of the central nervous system as the mobility or immobility of the iris. It is a condition so easily noticed and so often described, but only too infrequently of any pathognomonic significance in a differential diagnosis. Gastiglino found, among 146

* Berlin: Volkman's "Vorträge," 1880.

insane patients, 75 per cent. with an abnormal condition of the pupil. Nasse puts the percentage a little lower, namely, at 64 per cent. To understand the cause of the frequency of this disturbance, it becomes necessary to briefly refer to the mechanism of this act. The iris contains a set of radiating and circular fibres; the former are supplied by the sympathetic nervous system and the latter receive their supply from the oculomotorius. Stimulus of light and the act of accommodation each causes a change in the size of the pupil physiologically. Light entering the dilated pupil striking the retina, a nervous impulse is transmitted along special nerve-fibres found in the optic nerve to its deep origin, where there is a connection with the nucleus of the oculomotorius. The impulse has now been translated into motion, and passes along this nerve to fibrillæ, innervating the sphincter of the iris, and the result is a contraction of the pupil.

This is a delicate mechanism, and its disturbance can be caused in many ways. The retina may become insensitive to light; the optic nerve-fibres may not transmit the stimulus; the connection between the nucleus of the oculomotorius and the deep origin of the optic nerve in the floor of the fourth ventricle may be broken, or the motor impulse is prevented from passing along the third nerve. This fully explains its frequency. Now, as to its value. In apoplexy the pupils may be contracted or dilated, and it is not uncommon to find a difference in the size (Flint's "Practice of Medicine," p. 607). In hysterical coma the pupil contracts and dilates to the stimulus of light (Flint's "Practice of Medicine," p. 610). In alcoholic coma the pupils are dilated (Flint's "Practice of Medicine"). The pupils are somewhat dilated in chorea (Juergen's "Pathology and Therapeutics"). In oedema of the brain the pupils are dilated, and though they contract when stimulated, the action is sluggish in proportion to the degree of intracranial pressure (Juergen's "Pathology and Therapeutics").

Paralysis of the insane is quite often announced, as it were, by the difference in the size of the pupil for some time prior to the appearance of any nervous symptoms. There is no doubt that pupillary difference with paralysis of accommodation in the same eye is a prodromal symptom of the mental condition that develops later (Förster, Graefe, and Saemisch). The statement made by H. Austin,

that there is a certain connection between the side of the body on which the motor disturbance of the iris is found and the delirium,—that an affection of the right pupil indicates melancholia, while if the left pupil is involved the symptoms are of a maniacal character,—is fully contradicted by Nasse. Where the pupils are somewhat dilated, it is probable that the cause is found to be an irritation affecting the cilio-spinal centre or the sympathetic nerve. If myosis is present in mental disturbances or acute mania, we are quite safe in predicting the appearance of general paralysis in the near future (Seifert, "Molilitäts Störmy bei Irren," 1853).

In *tabes dorsalis* the pupils are involved in more than one-half the patients (Cyon, 1867). The pupils are nearly always contracted when involved, which is due to changes in the cervical and upper dorsal region of the spinal cord. The stimulus of strong light does not cause the pupil to contract more minutely, nor does shutting out the light by means of the hand cause but little dilatation (Knapp, Arch. f. Augen., vol. ii).

In neoplasms situated so as to involve the cervical sympathetic the condition of the pupil is often a valuable diagnostic symptom. Willebrandt reports a case where a lympho-sarcoma of the neck caused one-sided myosis. Dubois Reymond is the author of the theory that many cases of migraine are due to a vaso-motor neurosis, often showing marked symptoms on the part of the eye, with one-sided myosis.

During the convalescence from febris recurrence there is not infrequently a difference in the size of the pupils. The connection with the constitutional disturbance is not known (Peltzer).

One-sided contraction of the pupil appears at the onset of hemicrania, especially noticeable when the eyes are shaded, while the pupils react alike to the stimulus of light (Fraenkel, 1874, "Pathology of the Cervical Sympathetic"). One of the most important symptoms of *glio-sarcoma* is extreme dilatation of the pupil (Leber).

In complete narcotism the pupils are contracted (Flint's "Practice of Medicine").

In *Pachymeningitis* the pupils are persistently contracted during the early stages. Should the hæmatoma be one-sided, the contraction would be greatest on the side corresponding to the seat of disease (Flint's "Practice of Medicine").

In acute cerebral meningitis the pupils may be either dilated or contracted in the last stage. In either case their responsivity to light is lost. The condition of the pupil is often a valuable symptom. When we are called upon to differentiate between tubercular meningitis and typhoid fever in children, in the second stage of the former disease the pupils are always contracted, and there is a great deal of sensitiveness to light (Flint's "Practice of Medicine").

If we suspect abscess or non-inflammatory softening of the brain, and the pupils should be dilated, it is a sign that the region of the brain from which the fibres spring innervating the iris is involved.

Contraction of the pupil is not of so frequent occurrence as dilatation. Cases are reported of tumor, abscess, aneurism and contracting scars in the region of the neck, causing myosis, often one-sided, by causing irritation by pressure on the cervical sympathetic.

In spinal paralysis the progress of the disease may be noticed by the rapidity with which it reaches the region which disturbs the mobility of the iris.

Toxic doses of quinine may cause widely-dilated and fixed pupils, with blindness ("Sizamsbericht, Ophthal. Gesell.," 1881, Heidelberg).

Of the few cases of carbolic acid intoxication reported, Falkson states the pupils are always contracted (Salin, Texas Medical and Surgical Record).

The effects on the pupil in tobacco and alcohol amblyopia is to cause a wide dilatation, which reacts very little to any of the tests. The condition of the pupil and paralysis of accommodation in the toxic effects of alcohol is due to the same cause as is paralysis of the ocular muscles. In epilepsy the pupils are irregular in about one-half of the cases (Prerd, "Nouy Anali di Ottalm").

In cases of hysteria where epilepsy is simulated, it is well to bear in mind that (Fere, Gaz. Méd., Paris) the pupils in true epilepsy are contracted during the tonic contraction of the muscles, and dilate during the time of the clonic convulsions.

Before leaving this subject we must say that the pupillary symptoms are not studied with as much interest now, since we can see the fundus, but if taken in connection with diseases of the fundus or functional disturbances of vision it is a valuable diagnostic aid. The

neurologist of to-day recognizes this fact. Rembold, "Ueber Pupillarbewegung und deren Bedeutung bei die Krankheiten des Central Nerven System;" J. Leaser, "Pupillarbewegung in Physiologischer und Pathologischer Beziehung," are monographs considering this most thoroughly. Complete myosis can take place only where there is spasm of the oculomotorius and paralysis of the sympathetic, acting separately. Contraction is not complete. The same holds good of a dilatation of the pupil. We must have a contracto-paralytic action for maximum effect. In Pott's disease high up we seldom notice mydriasis. Then there is only an irritation present; but should there be a contraction of the pupils there certainly is a destruction of the spinal cord.

In basilar meningitis we have, with the onset of the disease, a contraction of the pupils. Later, the pupils become larger, are irregular in size, and their reaction to light is lost.

One-sided total intracranial amaurosis, with dilatation of the pupil, loss of reaction to light, indicates a loss of function of the optic nerve between the chiasm and the orbit.

The pupils are widely dilated in commotio cerebri, due to anæmia of the brain (Jacobson), while in hyperæmia of the brain the pupils are minutely contracted.

We have refrained from giving the cause of the condition of the pupils in these citations, since it would lead us from our subject.

Brain-tumor, whatever its nature, may, according to its seat, size, and development, cause a change in the size and function of the pupils, but we but seldom can make use of this symptom to localize the seat of disease; therefore a mere reference is sufficient.

Let us briefly turn our attention to some of the more frequent diseases of the nervous system, and analyze the most important symptoms.

In simple as well as cerebro-spinal meningitis, the symptoms on the part of the eye are undoubtedly due to a direct extension of the inflammatory process from the membranes of the brain to the sheaths of the optic nerve, and since the publications of Schwalbe this process is not difficult to understand. It may even cause swelling or chemosis of the conjunctiva. In the latter stages of the disease, paresis of the orbicular muscles prevents a complete closure of the eyelids. The iris and choroid may become involved by an extension of the inflammation, involving subsequently the retina and optic

nerve. Later, paralysis of the muscles supplied by the oculomotorius and abducens set in, producing such symptoms as ptosis, strabismus, and loss of accommodation, caused by the exudate which is found at the base of the brain. The largest number of cases losing vision completely are found to be children under the age of five. Neuritis is rare in this disease, while atrophy of the optic nerve may occur, due to pressure from the exudation at the base of the brain. If re-absorption can be brought about before pressure has damaged permanently the nerve-trunk, vision may become restored again. So long as the pupil reacts to the stimulus of light, there is always hope of restoring the function of the optic nerve, although this symptom is of less value in meningitis than any other disease. According to Leyden, the appearance of chemosis of the conjunctiva is one of the first and most constant symptoms of purulent meningitis, and will often assist the physician in making a correct diagnosis.

Tabes dorsalis, or gray degeneration of the posterior columns of the spinal cord, is often accompanied by eye symptoms referring to the optic nerve, paralysis of the extensor-oculi muscles, and the mobility of the iris. Our conclusions cannot be absolute, yet the peculiarity of the symptoms are of special value. Charcot states the amaurosis is not infrequently for years the only symptom pointing to beginning tabes, when finally eccentric pains, partial anæsthesia of the skin, dizziness, etc., develop rapidly. Blindness nearly always begins by a contraction of the field of vision, leaving a small, central point of fixation, giving the patient often for years practically good vision, even though the optic papilla appears quite white and atrophied. If vision disappears by a central scotoma, we may rest assured the cause is not tabes.

Among the subjective symptoms there is possibly no more striking symptom than the gradual loss of the color-sense, especially green and red. Secondly, the patients always see better in twilight, while bright sunlight is very annoying. The atrophy is progressive to complete amaurosis, and though it usually extends over a series of years, nothing can be done to check its progress. The patient is cheerful, and not in the least concerned about the state of his vision.

Diplopia, caused by paresis of some one of the ocular muscles, of a transient nature, is one of the most constant prodromal symptoms

to tabes. The peculiarity about the paresis is that it comes and goes, first affecting one and then another muscle. These symptoms cannot be explained by the pathological process going on in the spinal cord, but there must be some disease in the floor of the fourth ventricle affecting the fibres of the nerves of motion. If the pupils are affected at all they are contracted.

In sclerosis of the brain the eyes are affected in more than one-half of the number of cases. Occasionally, white atrophy of the optic nerve can be demonstrated, but the peculiar nystagmus attending these cases is of great importance in diagnosis. The muscles of the eyeball are affected similarly to the muscles of the extremities in paralysis agitans. We may also (Charcot) lose completely the action of some or all of the eye-muscles. A mild case of chorea minor is frequently the initiatory symptom of scintillating spasm, by causing a contraction of the orbicularis-palpebrarum muscle (Förster, Graefe, and Saemisch Handbuch). Nothnagel ("Ueber epeleptisch Auffälle"), who has studied the effect of the epileptic on the eye in a large number of cases, draws a few valuable conclusions, viz.: At the onset of an epileptic seizure, the pupils dilate, the face becomes bloodless and pale, caused by an irritation of the cervical sympathetic. The fundus of the eye has never been satisfactorily examined during a seizure. In a limited number of cases atrophy of the optic nerves has been reported, but it seems safe to say, when this condition is present, there is some coarse lesion of the brain the cause of both epilepsy and atrophy.

Considerable interest has been attached to the loss of color-sense in one or both eyes. As a symptom in diagnosing certain diseases of the brain it can, at the present state of our knowledge, be of value when taken in conjunction with all the other symptoms only. There need not be a defect in vision to show a defect in the color-sense. In atrophy of the optic nerve it is quite common to notice a defect for green and red long before the acuteness of vision is diminished, while the ability to recognize blue and yellow are lost subsequently. Green is the first to be disturbed, and while there is a difference in the development of this defect, in the various forms of atrophy, our information is as yet too indefinite to use it in any manner except in conjunction with other symptoms.

The field of vision in diseases of the brain is of little value from a diagnostic point of view.

Vision may be acute, even though a choked disk, headache, vomiting, epileptic seizures—in short, all the symptoms indicating a brain-tumor—are present. In *tabes dorsalis* the amaurosis nearly always begins by a contraction of the field of vision outward and below, while in tobacco and alcohol amblyopia and retrobulbar neuritis the defect in the field of vision is central, and the scotoma extends as the disease progresses. As a rule the acuteness of vision is not much disturbed in choked disk, the exudation of lymph does not seem to have a bad effect on the optic-nerve fibers. Should sudden blindness, temporary or permanent, set in, the cause is certainly cerebral, and so soon as it yields vision may return. This is often the state of things in gummata of the brain. If the compression is continued too long at the scleral ring, it causes intraocular atrophy and subsequent blindness.

Where we have an altered condition of the field of vision, we are safe in saying there is also a loss of the acuity of vision. If the field contract more in one side of the field than in the other it is likely that a certain segment of the nerve is degenerating. In the large majority of instances of brain-tumor, abscess, aneurism, etc., there is a concentric contraction of the field of vision. The arrangement of the optic nerve-fibres, in their course from the brain to the eyeball, is not definitely known, therefore it is difficult to state what portion of the nerve is involved when we have a central scotoma.

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HOW NATURE CURES.

By C. A. F. LINDORME, Ph.D., M.D.

DR. A. B. ARNOLD, of Baltimore, President of the Section of General Medicine in the International Medical Congress, at Washington, in his opening address, called the saying that "Nature cures disease" an insipid truism, and declared as having remained unanswered the question how she does it.

Synthetic therapeutics is a brittle topic for scientific argumentation, with little gratification in it, and it requires an authority like that of Dr. Arnold at one's elbow to take heart at it; but that "there is a surfeit of facts in medicine, and a dearth of good, working theories," is a statement of so uncontrollable a truth that in the reader the importance of the subject may compensate a lack of interest in the writer. Physiology and pathology have been so pro-

gressive, and scientific therapeutics have lagged so sorely behind, that a chasm has opened with hardly any superstructure of thought as a connecting-link between them, except in the mysterious individual which so often for merely euphemistic reasons is qualified the Doctor.

A fundamental principle about which pathology and physiology are not any more at variance is, that man, as well as any other animal, and also vegetative organism, is a reiteration of structure; however complicated in its organization be the construction of a body, every single part, and all of it, can be traced to a radical, the laws for the existence and health or disease of which preside, as a matter of course, over those for the developed organism. Hence, any medical theory can at best be only an elaboration on this principle, or an amplification of it, but, in order to be creditable, may never establish axioms, or prescribe maxims which are not in harmony with it.

The general function, in which is exhibited the characteristic faculty of the physiological radical of man, like that of all other organisms, and nature all over, indeed, is an exceedingly simple one; we might almost call it a common-place, but just on account of its generality it is a very sweeping one; it is the change of matter. The radical entity of which man is composed shows a repetition of the phases of his accomplished being, which might be looked at as miraculous; it is in continuous motion, and its life is kept up by processes analogous to those of the complete organism, so that of the smallest lump of protoplasm we may say that it eats, and by eating grows, and that it accomplishes work, and at last dies; but, on more mature reflection, we are impelled to admit that there would be a greater wonder if what is met with in the fully-developed organism did not obtain in the original forms of life.

There is a difference; it is only as a series that the amoeba constitutes the human or any other animal body; the life of the single amoeba is not dependent upon the life of the accomplished organism; it may claim priority of existence and its conditions; and, on the other hand, the single amoeba, by its death, is affected only in its own restricted entity; it leaves, on dying, the entity of the organism to which it did belong unimpaired. But inasmuch or as long as the amoeba forms a part of the series which constitutes an organism, it is

unable to keep up its integrity, except by the integrity of the latter, and by morbidity of the series of amœba. On the other hand, the organism will inevitably be laid low that is formed by them.

These points are the fundamental relations on which we have to base our researches about the laws which preside over health, the agents constituting disease, and those by the help of which we may hope to cure it. But we must say right here that these points remain unheeded by theory and practice, *materia medica* and therapeutics, which, in the trinity of their maxims, proceed as though the body, resulting from the organizing units, might be the lever by which to act upon the life-spending springs of the pristine structure.

The most peculiar potency which the amœba exhibits in its organizing power, and that which is at the bottom of all morphological results, is the force of the differentiation. This is a force which is altogether mysterious as to its technicalities, or the special way in which it functionates. But, as to the bare fact of its operation, it is not subject any more to doubt or controversy.

It is the amœba as such which owns the power of differentiation, and exhibits all the relevant potencies. Any grouping of amœba into series, so far from being a condition of the power of differentiation, is an outcome of this power, the first result of the manifestation of the potency.

This point ought, in theory and practice, *materia medica* and therapeutics, to be never lost sight of. It is all-deciding in questions of priority, because of the conclusion being unavoidable that vital force cannot be furnished to the organism except by the amœba, and that if the amœba is practically bereft of it there is no possibility ever to supply it by means of its own upshot of differentiation in organs of the body. Whatever theory may be preferred as to etiology or drug action, it may not contradict these principles, lest it make itself suspicious of being empty speculation.

The form which is taken by the process of the change of matter when manifesting itself in organized life is that of disintegration and reintegration of tissue, and to this we have to refer on being asked how Nature cures disease? The latter, we may say, has set in when the before-mentioned process does not go on in a way beneficial to individual life, and its cure

is accomplished by the unremitting effort of Nature to keep up her regular course of physiological work. Exacerbation of disease and crises are occasioned by particular efforts of her's to overcome the obstacles which she meets on her war-path. Asthenic diseases *in specie*, and the failure of Nature to cure, on the other hand, are due to a lack of power of the latter to resume in normal proportion her work of disintegration and reintegration of tissue.

All curing action, accordingly, whether by Nature herself, or artificially by the medical practitioner, is bound to spend the power of its faculty, mental as well as physical, within the limits of histolysis and histogenesis, and can with relation to these only find a scientific expression, and this deduction we need the less hesitate to put forward as a theory, as it is the very analogy of the stand-point to which an argumentation akin to ours led surgery, and placed it on the high stand-point it has achieved.

There never was, as yet, a cutting down of *materia medica* to scientific proportions. The history of medicine, to use the words of Dr. Bigelow in Gynæcological Section of International Medical Congress, is a recapitulation of unstable doctrines, and this is due to "an entire absence of a definite and exact scientific logic of medicine." There is progress in *materia medica* and its collateral branches, theory and practice and therapeutics. But since in the history of medicine it can be noticed, it is in an altogether negative way that it manifests itself. "Every discovery in pathology helped to unsettle the practitioner's therapeutic faith." (Dr. Arnold.) Our leading therapeutical text-books gave it up long ago to be led by any prominent idea. The most oftentimes re-edited ones, like that of Sydney Ringer, owe their success to a certain common sense of mediocrity, which, as to all deeper questions at issue, leaves the reader as much at sea as the author is himself. They succeed in concealing this defect by sailing clear of the cliffs and riffs of inconvenient controversy, and assume the air of progressive medicine by supplying the reader indiscriminately with the old and the new of doctoring in the professionally most readily available form.

The particular way in which the tissues accomplish histolysis and histogenesis is, in its deepest essentiality, metabolism. Physiologists have been at variance about the nature of this metabolism, and as to its detail it will

probably be long before the minor questions even are settled. But there are main points about which the fortunately-attained agreement is so altogether devoid of compromise that they may claim the character of an established theory, which the practical branches of medicine, without jeopardizing their dignity as sciences, may not in indifference and ignorance pass by.

The principal point with regard to this metabolism, which for the physio-pathological effect of medicine comes in, is, that its action is not expended, as it were, upon the outskirts of the differentiation of tissue, but goes deep into its very centre. As it was said before, the amoeba has a will of its own, and the same irresistible force of affinity, to which we see at command the substances in the crucible, is the cause that the ingesta of the body, instead of being used by this as they are, are felled, and made in its economy avail of in such a molecular form and atomic structure as suits the tissue-forming unit of its physiological make-up.

It is this discovery of physiology,—a very recent but an exceedingly important one. It confirms the theory which preceded it, that it is only a few elementary substances out of which is built up the organism, but it adds the momentous recognition of the vicariousness of their biological service. It is not, as Liebig thought and taught, that exclusively nitrogenous food makes muscle, and the carbohydrates respiratory capacity; but the proteids may produce fat, and the starchy substance is by experiment proven to sustain the muscular power of the body; and, again, fat is the food least adapted to reproduce its own. Abundant evidence is in favor of this theory. And the great masters of materia medica and therapeutics, so far from repudiating it in the dietetic addenda which, since some time, most characteristically, they are making in their medicinal compendii, eagerly let it serve their purpose. The teachings to which Roberts Bartholow, in his "Practical Treatise on Materia Medica and Therapeutics," resorts about cod-liver oil are an extract condensed from the works on physiology. But so much less out of place is our inquiry why the teachings are different when belladonna, stramonium, strychnia, etc., are under survey. Is it simply because these substances are "medicine"? But the adoption by Materia Medica of the theory of disintegration and reintegration of tissue, which, by Bartho-

low, for instance, in his article on cod-liver oil, is most emphatically dwelt upon, forbids such a *tertium comparationis* of scientific systematizing as "medicine," and, accordingly, the practical branches of our science would have to accept the matter-of-fact definition of medicine that it is a substance which, when healthy, and in his five senses, man is much too wise to swallow.

An article in "Materia Medica" which, with reference to cod-liver oil, renders this discrepancy very striking, is "Oleum Terebinthinæ." There is oil in the one case and oil in the other, and very often administered in equally large doses at that; but, nevertheless, as to the didactic plan acted upon by the authors of materia medica and therapeutical authorities, there is observed a difference, which, if we knew no better, might mislead us into the opinion of a deep-seated, substantial diversity.

There is a deep-seated, substantial diversity, but it is not in the ratio of the scientific division of the substances as such. It is merely in the faultiness of the medical literature. Materia medica, as far as dietetics are concerned, is the outworking of ratiocination and scientific research; but, with regard to drug action, it is the upshot of dreamy speculation and inveterate, traditional habit. Physiology is the outcome of wearisome and wary investigation; therapeutics that of a sad mixture of stale antiquity with spurious enthusiasm in new-fashioned crazes; so that, as Dr. Bigelow says, "the theories of yesterday are the superstitions of to-morrow, and the practices based upon such theories become the shuttlecock of each doctor's battledoor."

Practically, it was no doubt a skillful hit of Sydney Ringer's to avoid the dilemma of a non-chemical division of remedial agents which could not fail to turn out unscientific and a chemical one which would have compelled him to write quite a different book than the one he composed, by not giving any division at all. But, theoretically, the stratagem reminds one of the man who, with reference to a party who chased him, tried to gain credit for his boldness by bragging that he always kept "ahead of them." Roberts Bartholow fails in his exertion to let that hold its own which has utterly outlived itself. But he has and gives a *schema*, and it is by its very failure that this confirms the theory of physiology; for, in trying to give the various "actions and uses of remedial

agents," it strives in vain to go beyond the above-mentioned physiological heads of disintegration and reintegration of tissues, or, as Bartholow has it, destructive and constructive metamorphosis. Bartholow has a chapter on the actions and use of the medicines "to cause some evacuation from the body." But this falls evidently under the head of destructive metamorphosis. Again, he has chapters on the actions and uses of remedial agents "to modify the functions of the nervous system," and one on "Topical Remedies." But there cannot be the slightest doubt that all of these fall either under the one head or the other of the physiological division, and consequently there is no plausible excuse any more for *Materia Medica* and *Therapeutics* to keep up a classification of their own, and to continue to stand aloof from the before-mentioned great physiological discoveries, or, at least, principally doubtful as to them. *Materia Medica* must submit radically to the chemism to which its treatises entertain now only a lukewarm friendship, and one that cannot escape the impeachment of lack of candor at that, or renounce the character and dignity of a science. Its present "theme" is upheld in direct opposition to the old logical rule, "*Cutia praefer necessitatem non esse multiplicanda.*"

And as to this alternative, the subterfuge to call medicine an "art" is a very imperfect title for the practitioner to consider himself specially privileged in the *republique des lettres*. When Medicine applies to the Legislature for protection against quacks, it puts on the garment of science; and when it enters the sick-chamber, and does not know, nor can tell, why it is one thing rather than the other it does do, it struts up and down in the robe of the artist. And we have nice little books on the art of prescription-writing. Indeed! The author, when studying in Berlin, Germany, recollects an extraordinary professor, who announced, year in, year out, a course of lectures "on the art of prescription-writing," but as sure as this worthy in his auditorium never experienced the wished-for illustration of the old proverb, *tres faciunt collegium*, the art of prescription-writing, in order to be more than a treatise on caligraphic monstrosities, must come down to chemism, and—*revenons à nos vierrx montons*—there we are landed again at our starting-point.

Hence, contrary to the usual assumption, it

is clear enough how Nature cures. But how doctors cure is a tale which never was told, nor ever will be told.

And *Materia Medica* and *Therapeutics* testify to it themselves. Bartholow, for instance, admits that "probably no medicinal agent modifying function does so without affecting structure." But, after stating that we have no knowledge of the latter, he allows his science (or art?) to draw the wonderful conclusion that the inconvenient stumbling-block must be avoided by going round about and continuing the slipshod way of exploded hypotheses. This is the proud flesh of *materia medica* and *therapeutics*; and as long as it is not removed, any quackery, old school or new school, male or female, is intellectually as much justified as the most dignified attendance to the sick by the most regular practitioner,—*medicus rite promotus doctor*.

THE IMPORTANCE OF THE EARLY RECOGNITION OF GLAUCOMA.*

By HARLAN P. ALLEN, M.D.,
COLUMBUS, OHIO,

Professor of Ophthalmology and Otology in Columbus Medical College.

THE incurable blindness resulting from unrecognized, and therefore improperly treated, glaucoma is an old and sad story to all oculists; but this paper is not written for oculists, but for general practitioners. It may occur to you, gentlemen, that this is also an old and oft-repeated story to you. I believe this to be true, and there must be some good reason for such frequent repetition. Glaucoma comprises about 1 per cent. of all eye diseases, and is probably met with more or less frequently by every practitioner. I wish to impress upon your minds three facts in regard to glaucoma. First, it can be easily recognized; second, it can usually be easily treated; third, if either let alone or treated improperly, the result is always incurable blindness. I have also a conviction, which I believe to be a fact, namely, that the general practitioner almost always fails to recognize this disease. If this be true, and if you accept my previous statements, the conclusion cannot be avoided that hundreds, yes, thousands of people become blind every year through the carelessness of their family physician. These are harsh words,

* Read before the Ohio State Medical Society, June 14, 1888.

but I believe it to be for the good of the profession that they be spoken. It is my impression that it is the knowledge of these facts and the presence of this conviction in the minds of oculists which has resulted in so many papers on this subject, read before societies and printed in medical literature. I will ask any older member of this meeting, if he cannot recall a case in his practice where something like this has been the accepted story: A few days or weeks of intense frontal, temporal, or orbital neuralgia, with some injection of the eyeball, resulting, strange to say, in blindness; a supposed neuralgia or iritis so intense as to destroy the sight; a most unaccountable and unfortunate case; a most surprising affliction from Divine Providence. Gentlemen, I will be so bold as to diagnosticate that case for you. That was glaucoma,—relentless, terrible, but curable glaucoma. Had you put your finger upon that eyeball you would have found it hard; had you tested the visual field you would have found it contracted; had you instilled a solution of sulphate of eserine you would have given your patient infinite comfort and relief from pain,—probably checked the disease. What I fear you did do was to instil atropia, and so add fuel to the flame. Atropia is at once the good and evil genius of ophthalmology. It is in its proper sphere invaluable, but when used in glaucoma its influence is fatal, since its effect on intraocular tension is undisputed. I say glaucoma is easily recognized. I shall not devote any part of the valuable time of this society to the discussion of the differential diagnosis of glaucoma, but I wish to enumerate the three typical signs of this disease, namely:—

1. Increased tension of the eyeball.
2. Contraction of the visual field, with diminishing visual acuity.
3. Excavation of the optic disk.

The two former can be recognized without any complicated apparatus other than the one which Nature has furnished to each of us, *i.e.*, the human hand, and these two signs are amply sufficient for diagnosis. I am speaking, of course, of the type which always admits of variations. If you palpate with the forefinger of each hand a glaucomatous eyeball through the closed lid, while the patient looks downward, you will easily detect the unnatural hardness of the organ. This hardness is, in itself, glaucoma. Upon this abnormal con-

dition alone depends all of the other manifestations,—the pain, limited field, poor sight, circumcorneal injection, enlarged pupil, shallow anterior chamber, etc. The contracted field is recognized by noting the point at which the patient detects the presence of the hand when approached in a plane at right angles to the visual line from above, below, outer side and inner side, and comparing this with your own field, which is tested at the same moment as you sit facing your patient, with your hand equidistant from each of you. Asking you to bear in mind that sometimes glaucoma manifests itself without marked inflammatory signs (the so-called glaucoma simplex, which is equally fatal to sight), and that increased tension (whatever may be its pathology) is the essence of this disease, I shall enumerate briefly a few cases from my record-book, asking you to note especially the results in each case when recognized and properly treated at once, and compare this with the result in the other cases which were not recognized until the eye was lost. I select this particular group of cases because they are typical of acute inflammatory glaucoma, which is the common form, and because they occurred in intelligent people, who mostly sought medical advice at once.

Case I.—Mr. F., age 34. Am. First seen February 6, 1885. *Right eye* sightless from glaucoma, which was not treated fifteen years ago. Terrible frontal and temporal pain on left side. Has not slept much for a week. Completely unnerved. Tension of *left eye* increased. All the usual symptoms of glaucoma. Began one week before. Had in the meantime been under the treatment of a quack oculist in this city, who had diagnosticated conjunctivitis and treated accordingly. I ordered instillations of a 1 per cent. aqueous solution of sulphate of eserine every three hours. I saw him in the morning. That night, after four instillations, he went to bed and slept eighteen hours continuously, with, of course, complete relief from pain. In three days the tension was normal. In twelve days the eye was normal. In about three weeks he stopped treatment, with vision perfect. He had no return of the trouble when I last heard from him, about one year ago. In the light of history I can certainly say this patient would now be hopelessly blind in both eyes had his trouble not been recognized when it was. As it is he is a useful and independent member of society.

Case II.—Mrs. G., 36. Am. First seen October 17, 1883. Began to have pain in temple and frontal region several months before. Had been under treatment all summer with two physicians, and had grown steadily worse. Had tertiary syphilis. When I first saw her, her vision was only perception of light in *each eye*, and she had to be led about. Tension increased. Under eserine locally and iodide of potassium internally her sight improved in the right eye to counting fingers at fifteen feet. This, considering the chronicity of the case and poor sight, was more than I had expected, but she had steadily objected to any operation. After two weeks' treatment I was compelled to leave the city temporarily, and she passed into the hands of another oculist, who, later, performed iridectomy and gave her a reasonable degree of vision. She was no doubt saved from absolute blindness by the eserine, and later by the iridectomy.

Case III.—Mr. B., age 30. Am. First seen March 3 of the present year, at 10 P.M. *Left eye* suffering from a severe acute glaucoma. Tension increased. Intense pain. Circumcorneal injection. Sight diminished. Patient had a congenital cataract in that eye which, however, had nothing to do with the development of his glaucoma. Field contracted in inner portion. The intense pain began six hours before I saw him. Four hours before he visited me he had consulted his family physician, who had recommended a solution of sulphate of atropia. This he had used, and his pupil was widely dilated. I gave him antifebrin in ten-grain doses, but he passed a terrible night without rest or sleep. The next morning I began the instillation of eserine solution every two hours. The following night he had complete relief from pain, and slept thirteen hours continuously. On the second day tension was normal. Pain had ceased. The eserine was gradually diminished, and on the eleventh day stopped entirely, the eye being normal. On the twenty-eighth day the eye showed no return of the glaucoma. This patient would, by this time, considering the severity of the onset, have been nearly or entirely blind in that eye, and would have had weeks of almost unbearable pain.

Thus far we have looked at the bright side of the picture, but there is unfortunately a dark side as well, and I wish to present three other cases on this side. I am sure that every ocu-

list will be able to furnish many such cases from his experience.

Case IV.—Mrs. H., age 50. Am. First seen March 4 of the present year. *Right eye* normal. *Left eye*: Vision two two-hundredths, *i. e.*, counted fingers at two feet. Tension increased. Pupil dilated. Anterior chamber shallow. Visual field very much narrowed. Circumcorneal injection. Optic disk excavated. Two months before had intense frontal and temporal pain for a few days, and sight rapidly failed and had so remained up to the time I saw her. Was seen by her family physician shortly after the trouble began, who prescribed atropia locally and tonics and iodide of potassium internally, diagnosing the case as iritis. Practically the same treatment was continued for two months. When I saw her, solution of eserine was ordered twice daily. After three weeks the pain and symptoms of inflammation had considerably diminished, but there has been up to the present time no improvement in vision. The prognosis for that eye is absolutely bad, and it is probable that an iridectomy will be required to relieve the pain and quiet the eye. It is reasonable to suppose that, with the proper treatment at first, she would now have perfect sight. All the damage was done in the first few days.

Case V.—Mrs. B., age 47. Colored. First seen March 15 of the present year. Found her suffering from glaucoma of the *left eye*, with only perception of light. Began with severe pain two months before, and sight had gradually failed since. Had been treated with atropia and told that she had a cataract, and that she might as well wait until it was ripe before consulting an oculist, as he could do nothing for her until that important time had arrived. When she became entirely blind she thought the cataract must be "ripe," and consulted me, prepared to enter the hospital and have her sight restored. The prognosis is, of course, absolutely bad.

Case VI.—Mrs. B., age 55. German. First seen March 30 of the present year. This is the saddest case of all. Lost her *left eye* in infancy from cerebro-spinal meningitis. Her *right eye*, three months before I saw her, was perfectly good, and she could "thread the finest needle and read the finest print," as she expressed it. About New Year she began to have a severe temporal and frontal pain; her eyeball became red and her sight gradually

failed until, after ten weeks, she was absolutely blind and has so remained. I found her with the typical signs of glaucoma; eyeball hard, pupil dilated, etc. Her family physician had treated her since the trouble began with some local application, the composition of which I do not know. I only know that it was not eserine. As she was then, and is to-day, so she will remain through life,—blind, and entirely dependent upon the charity of others for sustenance. We have every reasonable assurance that her condition was entirely avoidable.

Do you ask me to point the moral? It is not far to seek. Until 1856 glaucoma was ranked among the terrible afflictions of mankind with which medical art was unable to cope. In that year the genius of a von Graefe applied the operation of iridectomy to this disease, and made his name undying. One of von Graefe's contemporaries uttered the following sentiment, which is echoed in every civilized country: "Had he done nothing else, that one act would place upon his head the crown of immortality, and rank him among the small band of heroes who are the benefactors, not of any one people, but of all mankind." Iridectomy is to-day the best remedy for glaucoma, but iridectomy is out of the line of operations for most general practitioners of medicine, and it is into their hands that these cases, at least in the country, usually first come. It is just in this first stage, the stage of incipency, that so much depends upon correct diagnosis and treatment. In eserine and pilocarpine we have remedies of great value in this first stage,—remedies easy to obtain, easy of application, usually eminently satisfactory in their results. If you ask me how they cure or check this disease, I must say that we do not know. We have only theories to offer, but the result we do know. They reduce tension, and increased tension is, as I have said, the essence of glaucoma.

Pardon me, gentlemen, if I insist strongly upon two points:—

1. Do not mistake glaucoma for neuralgia, iritis, cataract, or acute conjunctivitis. The mistake is always a fatal one.

2. When in doubt, use eserine. You can do infinitely more harm in glaucoma with atropia than you can in any other disease with eserine.

THE MANAGEMENT AND TREATMENT OF THE EARLY STAGES OF INSANITY.*

By F. O. DONOHUE, M.D.,

SYRACUSE, N. Y.,

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THE management and treatment of insanity have furnished fruitful themes for physicians from time immemorial, and there is a vast amount of literature on the subject.

There was a time—not very remote—when the disease was not understood, and the unfortunate lunatics were subjected to cruel and barbarous treatment. At the present time insanity is nearly as well understood as any disease with which mankind is afflicted, and with a better knowledge thereof a more rational and humane treatment is adopted.

It is now known that in every case of insanity some pathological condition of the brain exists which causes the mental disturbance. Of course, there may be diseases of the brain without mental impairment, but in all cases of insanity some diseased condition of the brain is implied.

There is no exact line of demarcation between sanity and insanity. These conditions shade into each other like the colors of the rainbow, and we are oftentimes confronted by a psychological enigma in attempting to distinguish between eccentricity and insanity.

The causes of insanity may be considered, in a general way, under two heads:—

1. Those which have to do with the individual, which, by his habits or mode of life, he has entailed upon himself.

2. Those peculiarities of constitution which he has inherited.

Under the first head may be considered brain exhaustion, brought on from overwork. In this class of sufferers may be included professional men, students and business men, who, in their eager desire for knowledge or wealth, without due regard to relaxation or healthful exercise, too often bring upon themselves brain exhaustion, with its sequelæ.

Probably a more potent cause of insanity is the exhaustion and irritation produced by excesses in alcoholic and sexual dissipation. It is estimated that 25 per cent. of all cases of insanity are due to the excessive use of alcohol alone. An inherited predisposition to insanity

*Read before the Syracuse Medical Association, March 6, 1888.

is the most potent of all causes. How this inherited tendency can be subdued or modified is a question which, in all its bearings, is very complex.

The classification of insanity which has been in vogue for some years, and which has been adopted by most authorities, is mania, melancholia, dementia and general paresis. Each of these has its own peculiar manifestations and symptoms.

The most prominent characteristic of the insane is the alteration of the natural affections. Usually, those most dear to them become objects of dislike. Some are restless, irritable and excitable, with a tendency to do violence to themselves or others. Some are gloomy, melancholy and despondent, either about their health or business affairs.

It is not my intention to enumerate all the symptoms of the different types of insanity the physician may meet, or to lay down rules by which he may be guided in his diagnosis. The manifestations are so variable that each particular case will have its own peculiar delusions, hallucinations or illusions.

In some instances, a diagnosis is as easy as any duty the physician is called upon to perform, while in others it is full of difficulties, perplexities and responsibilities, because the restrictions on liberty which are usually resorted to involve the physician's reputation if an error be made.

The attempts at treatment should be directed toward restoring the disordered brain; and here, again, the judgment of the physician will be called into requisition. Hyperæmia should be lessened, impoverishment of the blood should be obviated, and all causes of disturbance reacting on the brain should be combated. With regard to drugs, sometimes sedatives are indicated, sometimes narcotics. Nearly all insane persons are troubled with insomnia, and it should be our aim to overcome this, and give the exhausted brain the benefit of "Nature's sweet restorer."

If, after a fair trial be given to every means at our command, there be no improvement, it may become necessary to change the patient's surroundings and recommend his removal to an asylum. But all our means should be thoroughly tested before resorting to this. It can not be doubted that many are hurriedly incarcerated in insane asylums, with all the stigma which attaches thereto forever afterward, and

which a little perseverance on the part of the attending physician might have averted, the patient's reputation being thereby protected. To deprive a person of his liberty, and subject him to the conditions of asylum life and the association of lunatics, should be done only upon mature deliberation. All the safeguards possible should be thrown about every individual's liberty and reputation.

There is at the present time an increasing sensitiveness and growing feverishness among the public on this question, as instanced by the governor of New York in his last message to the Legislature, recommending some changes in the statutes regarding lunacy. There is certainly at the present time great latitude and license allowed the medical profession in relation to the insane. Any medical fledgling of nine years' growth, without any previous training in psychology, can pass judgment upon the mental status of any citizen.

Far be it from me to detract one jot from the dignity of the medical profession, but I am of the opinion that some changes could be wrought which would not only inure to the benefit of the body politic, but add lustre to the medical profession by selecting from its ranks those only who are qualified by training and experience to examine all alleged lunatics.

*TREATMENT OF FRESH, OPEN WOUNDS.**

By Q. C. SMITH, M.D.,
AUSTIN, TEXAS.

IT is presumed that every physician has made himself familiar with the various modes of treating fresh, open wounds, as set forth in modern standard works on surgery; therefore we forbear to consume your time or insult your intelligence by going through a tedious rehearsal of the history of this subject.

We do not pretend to anything new or original, but believe it may be profitable, at least to some, to remind them of certain means and measures that experience has demonstrated as being highly conducive to the rapid healing of fresh, open wounds, in a safe and comfortable manner.

The general method and principles of treating fresh, open wounds—whether they be incised, lacerated, contused, or punctured—which we advocate will apply to either class,

* Read, by request, before the Travis County (Texas) Medical Society.

with such variations as the severity or class of wound would indicate, the same general principles being observed in all cases.

If the wound be comparatively severe, the limb or part wounded should be so placed as to most favor free arterial circulation through the parts near around the wound, and a free flow of venous blood away from the wound.

To facilitate brevity and precision, we will now state the composition of two lotions we use in dressing fresh, open wounds.

The first is made by adding comp. tinct. of iodine to clean hot water until the water is a light cherry-red; this we will designate the "cleansing lotion," which should be used as hot as is comfortable to the hand of the operator.

The second lotion, which we call the "healing lotion," is made thus:—

℞ Spts. turpentine, ... ℥ij.
 Pow. gum acacia, ... ℥j.
 Aqua dest., ... ℥ij.
 Mix well, and add
 Camphorated tinct. opii,
 Pure white sugar, in fine powder, ... āā ℥ij.
 Mix well together.

Immediately after all necessary ligation and torsion has been done, the hot cleansing lotion should be freely streamed over the surface of the wound with a clean sponge, using the other lotion hot, pure, and clean, until all blood-oozing has entirely ceased, and for several minutes longer. At no time during the cleansing or dressing process should the raw surfaces of the wound be wiped, or even touched with the sponge. As soon as the cleansing lotion has ceased to drip from the wound the healing lotion should be freely and thoroughly applied to every part of the wound.

The wound is now ready to be coapted, which should be done in a gentle, accurate manner, using as few sutures as possible, and preferably carefully graduated ones. Secure even pressure by bandages over dry absorbent-cotton compresses. A good-sized pledget of absorbent cotton, proportioned to the size of the wound, saturated with the healing lotion, should be snugly placed over the joined edges of the wound, and over this a thick compress of dry absorbent cotton, held in place by carefully-applied bandages; for gentle, steady compression is a great aid to quick union, and a powerful safeguard against septicæmia.

If the wound be of such shape, size, or condition that it cannot be coapted, the foregoing mode of dressing will still be in order, the absorbent-cotton pledget saturated with the healing lotion to be closely applied to all parts of the raw surface, and well and thickly covered with dry absorbent cotton.

Fresh wounds, in sound flesh, that can be accurately coapted, dressed in this manner, usually heal by first intention, and even extensive lacerated contused wounds will rarely suppurate, but heal rapidly, giving little pain, and never producing septicæmia. Wounds thus dressed should not be molested as long as they are comfortable and emit no odor, or show no signs of suppuration.

As a rule, with rare exceptions, wounds thus dressed should not be wet with water after the primary dressing, as dryness is highly conducive to safe and rapid healing.

In subsequent dressings the same means and principles before referred to should be carefully observed.

But, from any cause, should the healing process cease to progress, the healing lotion should be withheld, and, for a few days at least, the wound dressed with a dry powder somewhat like the following:—

℞ Sweet aloes,
 Iodoform,
 Boric acid, āā, in fine pow., ... ℥j.
 Acetate morphia, ... gr. x.
 Subnit. bismuth, ... q. s. f. t. ℥ij.
 M. ft. pow.

Or, the following:—

℞ Pure sugar,*
 Camphor, āā, in fine pow., ... ℥j.
 Mur. hydrastis, ... gr. viij.
 Mix well.

S.: Spread freely over all the raw surfaces of the wound, and renew the dressing—without water. As soon as the wound discharges, begin to moisten the dressing, or the wound emits a perceptible odor.

In the topical treatment of some wounds, owing probably to some dyscrasia of the flesh-juices, in order that they may continue to heal uninterruptedly, the character and composition of the topical medicament must be changed every two or three days.

Wounds dressed after the foregoing plan,

* Pure sugar, in fine powder, mixed with spirits of turpentine to consistence of salve, is a very efficient healer to fresh or old wounds, and a powerful remedy for gangrenous wounds.

however extensive, if properly attended to, very rarely suppurate or emit any odor whatever.

Last, but by no means least, the surgeon should not for a moment forget that his wounded patient is a sick man—with stronger reason if the wound be severe—and begin at once, without delay, to use all appropriate means, hygienic, pharmaceutical, and psychical, calculated to cause the constructive machinery of life to perform its every function to the highest possible degree of perfection.

As we stated in the outset, we have not presumed to tell of anything new, for the medicaments we recommend are familiar to all, and have long been in use; nor have we labored to achieve originality, but simply to remind you of some old, good things, appertaining to the treatment of fresh, open wounds, which we can confidently assure you are at least equal in safety and efficiency in every respect—and we know whereof we speak—and far more simple and convenient than the elaborate toilet of the Lister dressing,—so-called the antiseptic treatment.

WHICH IS THE MOST USEFUL AND MOST HARMLESS MEDICINE?*

By A. U. EVARTS, M.D.,
LA PORTE CITY, IOWA.

I SAY quinia sulphatis,—a medicine used by every physician and by more laymen than all others combined; used by the profession habitually and very often on general principles, when not a ghost of an iota of indication for its use is seen or even suspected; but of course poor and much-maligned malaria is supposed to be somewhere on earth, in the water or atmosphere when quinia is exhibited.

Quinia is the most potent and most harmless medicine, or surely its indiscriminate use these many years past would have driven thousands of sufferers to early graves.

I believe it next to impossible for a reasonable dose of quinia to come amiss in any diseased condition of the human economy.

It is on all sides misused and abused by the profession and laity, yet I know of a great many people who, although they used it more or less indiscriminately, certainly did ward off sickness and fevers to the great detriment of our professional pocketbook.

Legislation ought to step in right here. Who

can fathom the profound mysteries of this therapeutical wonder?

I candidly admit that, having labored for many years to understand this drug, I have yet much to learn.

Having had so much success with it for all known and unknown diseased conditions on innumerable occasions, I have often stood ready to annihilate all other medicinal agents.

The action of quinia is more general than any drug known.

But it is especially upon the grand sympathetic nervous system that we perceive its great power.

We believe, as we are told, that this action causes contraction of the muscular fibres supplied by the "sympathetic," particularly those of the uterus, urinary bladder, intestinal canal and the blood-vessels. This being true, I further say that every infinitesimal portion of the human body can be impressed with quinia.

Certainly any congestive action, more especially of an active character, of any organ or any portion of the body, is more or less susceptible to its favorable influence.

Quinia is an antiseptic, internal and external, a tonic, a stimulant, a sedative, a prophylactic, an oxytoxic, a malarial destroyer, and sometimes a soporific.

What other known medicine will produce such marvelous results, and with such absolute safety? Its soporific effect is best observed when wakefulness is produced or increased by morphia.

With most patients, eight or more grains, taken at moment of retiring, with a covering or menstruum (capsules preferable) to insure slow absorption, the sleep is more profound and lasting.

I have known sleep to be produced by large doses uncombined with other drugs.

The sedative effect of a large dose (ten to twenty grains), in virtue of its grand stimulative effect upon the capillary system, fully explains this.

I have proved its oxytoxic effect scores of times.

When treating a case of natural labor, where the woman has weak and ineffectual pains, I invariably administer from four to seven grains, with or without alcoholic spirits, with the unvarying result of refreshing my patient and steadying the pains, thus promoting delivery.

In such cases I believe it superior to all other

* Read before the Cedar Valley Medical Association, at its last annual meeting, October, 1887.

drugs, its use having no harmful action on the mother or child.

In retention of the placenta, either after labor or miscarriage, it is of great value.

In menorrhagia in pregnant or confined women I prefer it to ergot, as safer and more certain.

In amenorrhœa from uterine inertia, in my hands it has proved superior to all remedies, and in fact I succeed in many cases of amenorrhœa from all causes with quinia when everything else has failed me.

My mode of administration is to give eight to twelve grains for two to four successive nights at bed-time.

The antiseptic virtue of quinia sulphatis, combined with harmlessness, makes it the best agent in prophylaxis.

In all wounds where any antiseptic treatment is demanded it is second to no agent.

I never saw a case of follicular pharyngitis that would not readily yield to the internal administration of quinia.

In gonorrhœa I commonly combine fifteen grains to a four-ounce mixture, confidently expecting good results that would not accrue without it.

In all the diseases of the digestive apparatus or of the genito-urinary system, I have found it very useful when they depend upon atony.

On the first or second day of an acute catarrh, it can easily be aborted by a few large doses of quinia, given preferably at bed-time. And many cases of bad cold, with or without cough, will readily yield to quinia when other medicines are useless.

As to the many other uses of quinia I say nothing, as they are so familiar to the profession.

HERNIOTOMY—RUPTURE OF THE BOWEL EIGHT DAYS AFTER OPERATION—RECOVERY.

By W. J. SHOEMAKER, M.D.,
LOCK HAVEN, PA.

ON September 20, 1883, called by Mrs. M., æt. 60.

Found patient in great distress from pain and vomiting, with a lump on her left side about the size of a walnut.

Said she first noticed it two days previous, on returning home from a hard day's labor and a walk of three miles, mostly on the railroad.

On examination, and after an unsuccessful

attempt at reduction, the tumor was diagnosed a strangulated inguinal hernia.

September 21 patient in great distress from pain and vomiting, the latter having become alarmingly stercoraceous. A hypodermic injection of morphia and atropia, administered at my first visit, had relieved the pain and arrested the vomiting until a short time before daybreak, when the above symptoms again set in.

Another hypodermic was now given. It again stopped the pain and vomiting, neither of which returned.

I made another effort to liberate the gut, but, not being able to do so, proposed herniotomy as the only remedy. She steadily refused to be operated upon until just four days had elapsed since the lump was discovered. Drs. Armstrong and Hayes, of Lock Haven, having been called in consultation, reduction by taxis still fruitless, herniotomy was performed. The gut was very firmly held by the stricture, hard, and as black as charcoal. It was replaced into the abdominal cavity, the wound closed up with ordinary silk suture and adhesive plaster and a bandage applied with a small compress. By this time our patient began to recover from the effects of the ether, and as it was growing dark we left her in charge of a good nurse. On returning next morning, found patient very weak. Ordered a strictly liquid diet, and decided not to make any attempt to have her bowels moved for several days. There was considerable tympanites during the following week. On the sixth day after the operation I began to give light injections per rectum, with the effect of producing a couple of good passages from the bowels. At my visit on the morning of the eighth day, the wound was almost healed and her symptoms quite favorable, barring a little tympanites. About 4 o'clock in the evening, her husband summoned me in great haste, saying that the whole thing had burst open, etc. The bowel had indeed ruptured, and was ejecting its contents through the wound, which had also been torn wide open. The discharge was an intermittent flow of normal thin fæces, and had been quite copious. I now gave the patient a very large rectal injection, and a good passage immediately resulted. Closed up the wound, kept up daily enemata and a liquid diet until, about four weeks after this, only a scar remained, the wound having healed entirely, thus leaving no fistula, as was feared.

The patient did not recover her usual health until early spring. Her health is now good. She wears no truss, but suffers at times with griping pains,—due, no doubt, to the adhesion of the gut to the abdominal wall, which alone explains the possibility of this remarkable recovery, the bowel having been strangulated over ninety-six hours.

ADDRESS.

THE TREATMENT OF ACNE.*

By B. MERRILL RICKETTS, M.D.,
CINCINNATI, OHIO.

MR. PRESIDENT AND GENTLEMEN: My object in coming before you to-day is to present a subject for consideration which, I fear, has been neglected in the extreme by you, as by practitioners in general.

I do not know that we have a cutaneous disease of such supposed chronicity which is more amenable to both surgical and medicinal treatment than acne. Surely there are none more worthy of our consideration when we know that it is not a respecter of persons. It may maim and disfigure the most beautiful face, thereby making the victim an object of sympathy,

Who of you have not listened to the pleadings of a young boy or girl, or a mother for her son or daughter, to have the disease checked in its course? Since it is so often found on the face, beauty consequently being at stake, it is natural that it is a much dreaded disease, and persistent efforts made to cure it. There are few if any diseases whose nosology begins earlier or that are so equally distributed over the intervening period than acne. It was Celsus, during the first century A.D., who made first mention of it. Galen also speaks of it, 150 A.D., about a century later. Among others, we find Actius, 500–600 A.D.; Avicenna, 1037 A.D.; Johannes Actuarius, in the thirteenth century; Gio di Vigo, 1525 A.D.; Paracelsus, 1573 A.D.; and Limuas, 1763 A.D.

These gentlemen have written very discouragingly as to any successful course of treatment. This, perhaps, has been due to their inability to recognize the cause. Even now, we are many times at a loss as to the exact cause, but

with the unlimited resources we now have as to treatment, together with our knowledge of pathology and the cause of disease, we are better able to render beneficial services in these cases than ever before.

I did not come here to discuss the pathology of acne, for you can readily get that. Neither do I come to report a list of cases, for you have all had them; but I do come to enter into an active discussion upon the subject, and to tell you the results of my own experience in the treatment of this special trouble, at the same time to give you that which I have gleaned from the writings of other members of my profession. The time of this society would not be profitably spent if I were to enter into detail, bringing about the different varieties of the disease and treatment in this connection. However, that we may talk intelligently and understandingly upon the subject, and that we may bring out prominently the three or four great underlying principles which govern the successful termination of the disease, it will be necessary to abandon a voluminous classification and adopt one more simple: 1, Acne due to faulty secretion or excretion of sebaceous matter; 2, Acne due to congestion and inflammation of sebaceous gland, with involvement of the surrounding tissue.

In the first class we find frequently that mechanical cause is the main factor, as the closing or partial closing of the ducts by foreign matter, or by some nervous influence, which cause them to be lessened in calibre, thereby not allowing the free exit of glandular secretion. This is the case in the two forms of "acne punctata."

In one of these two forms (acne punctata nigra-comedo) we find the mass composed of sebaceous and foreign matter; the deepest portion of the mass is much larger than the superficial portion. In the other (acne punctata albada-milium) the mass is purely sebaceous, and perfectly enclosed within a sack, the mouth of the duct having been entirely obliterated. Here we have a deposit of white, cheesy matter just beneath the cuticle, which, when cut, escapes in a somewhat hardened form.

This is the simplest and most easily managed of any form of the disease. However, in either of the two varieties (comedo or milium) the sebaceous matter should be removed with as little injury to the surrounding parts as possible.

* Read before the Ohio State Medical Society, at Columbus, June 12, 1888.

The easiest and most harmless way of extracting the comedones is by pressure between the two index fingers, over which is tightly stretched some thin, soft fabric. Steady pressure is made with great care, so that the finger will not slip, thereby removing the cuticle and causing an injury which may require several days to repair itself.

The masses serve as foreign bodies, and if allowed to remain will sooner or later cause irritation, followed by congestion, inflammation, and the subsequent formation of pus.

Just as often as the sac is emptied it will each time become smaller and smaller, and have a more uniform calibre. The inflamed condition is not as likely to take place with the milium as the comedo, and will not require treatment other than that of the knife, which will give free exit, the same duct seldom filling up more than once.

The local treatment of the comedo form is quite different, as something else is required besides free exit. It will be found necessary to apply some stimulating lotion or paste, such as naphthol and sulphur in combination with green soap. This form of paste I have found to answer the purpose better than any other that I have used, in that, by the application of towels saturated in hot water, the cuticle will exfoliate freely, leaving the ducts freely open, and the contents to escape spontaneously for at least a few hours.

I will not consider the other form, due to faulty secretion or excretion of sebaceous matter, known as acne sebaceo, or seborrhoea, as that is other than what I intended to deal with upon this occasion; therefore, I shall now take up the two varieties of the second class, known as acne indurata and acne simplex. These are the most troublesome to treat, and the results arising (if they are left to run their course) are much more serious than are the results of the first class, for many times there is marked permanent disfigurement, especially when the disease has been extensive upon the face.

There is a class of cases found among both boys and girls from fourteen to twenty years of age which are exceedingly obstinate, tubercular predisposition seeming to predominate. In fact, many of them succumb to tuberculosis before the age of twenty-five. Such cases, as a rule, are greatly benefited by the use of iodide of arsenic and potassium, together with a gen-

erous diet of the most digestible food and fresh air. Any indigestion or derangement of the alimentary tract seems to aggravate or excite acne in this class of cases more than any other; while, on the other hand, those having no tubercular history are not so susceptible to these changes, and are more difficult to manage, the treatment being altogether different in the two classes. In the latter, the ingestion of certain kinds of food, as beets, radishes, or pork, the use of tea, coffee, alcoholic or malt stimulants to excess will produce it. The majority of cases, I think, are either due to, or excited by, the use of improper food and to neglect of diet.

Then, again, there are many cases which seem to be due to some nervous derangement, produced by causes other than indigestion, but are not understood. These, I might say, are the most obstinate to treat, seeming at all times to resist all kinds of treatment.

In all cases, whether a cause can be assigned or not, the pus in each individual acne should be given free exit with a small knife, such as is used in cataract operations. A spray of rhigolene for a few minutes, say two or three, will anesthetize the skin to such an extent that the operation will be painless.

Immediately after these pus-cups are opened the hot water should be applied in the manner before stated.

I have found nothing so serviceable in either of the two forms as arsenious acid in the form of the Asiatic pill, having given as much as one-half grain daily for this disease. When given in combination with kali iod. for two or three weeks, the disease seems to be aggravated, and the patient feels very much discouraged, thinking the remedy will have no effect except to increase the severity of the symptoms. This, however, is not the case, as the pustules become fewer, less elevated and congested after a ten days' or ten weeks' treatment. This course, however, will avail nothing unless the patient abstains from the use of all stimulants and indigestible food.

When the disease has assumed the indurated form, and is situated upon the back, it will be necessary to put the point of the knife deep into the tissue, as the skin is so much thicker in this locality than upon the face; however, in many cases of the face the sac of pus will lie beneath the integument in the subcellular tissue,—especially is this so when induration is extensive, or when two pockets have connected or are

inclined to do so. When this state of affairs exists, the centre of the induration will be found in quite a number of instances to be gelatinous, requiring the use of a small scoop to remove it. Here is when the use of cocaine is indicated, and, if properly used subcutaneously, will permit of painless surgical interference.

It is surprising to know how little disfigurement follows such an operation. Like all wounds of the face, repair is rapid. These painful procedures enable the attendant to see his patient frequently, thus bringing about speedy recovery.

Frequent and free incisions, followed by the application of water as hot as can be borne, will do more toward leading these cases to a favorable termination than any other procedure. That the incision should be made early and frequently is shown in those neglected cases where pus has burrowed, requiring two or more incisions to liberate the whole contents of the sac. Pus can always be found where there is induration accompanied by redness and tenderness. The amount may not exceed three or four drops, but when removed will give instant relief from the sharp pain produced by the pressure of the pus upon the peripheral nerves supplying the integument. Incision seems to answer the purposes, viz., to give exit to the pus, and to relieve congestion.

Within the past two years I have had these patients resort to massage night and morning, kneading the skin involved with the fingers to see if a better circulation could not be had, thereby hastening the process of waste and repair and lessening induration. I think that the results have been better, and there is less tendency of a recurrence. General massage is also beneficial, and, I will say, a most satisfactory treatment in connection with digestible food, pure air, and bright sunshine, there being but few, if any, cases that will not show an improvement at the end of four or five weeks under such conditions. This is the least likely of the two forms to return when it has once been cured.

Acne simplex is found upon the face of persons as young as ten and not over twenty years of age, but occurs later in life with males than with females. The papules or pustules are very small, are elevated and tender, and are more or less inflamed. Its course is shorter than that of acne indurata, and seldom extends over a period of three weeks, leaving no scars, unless

uncared for. It is sometimes very obstinate to treat, which is no doubt due to the inability to recognize the cause. This difficulty, along with the difficulty of differential diagnosis, is the cause of the greatest trouble.

These patients, as a rule, suffer from debility of some kind, having a poor appetite and a general listlessness. The treatment is both internal and external, and, if carried out energetically, will give satisfactory results. The bowels should be kept relaxed with hawthorn, hunyadi, or some other such water, taken upon retiring or just before breakfast.

Turkish baths, given with general massage two or three times each week, will many times be attended by good results, especially the abdominal massage. When given for constipation, fluid ext. ergot, in half-drachm doses after each meal, is supposed to be beneficial in these cases. The cutaneous blood-vessels are contracted, thereby lessening the amount of blood, consequently lessening congestion. Tonics, such as iron, arsenic, strychnine, etc., are also serviceable. One-eighth grain of arsenious acid, given with the elixir gentian, com. tr. ferri chloridi, with a few drops of hydrochloric acid, after each meal, gradually increased until one-half or three-quarters of a grain of the arsenious acid is taken daily, is by far the best I have given.

The external treatment consists in thorough removal of sebaceous matter after applying hot water for fifteen or twenty minutes. At the end of this time a stimulating paste of ichthyol and mollin, or lanolin, should be applied once or twice daily. Resorcin, with subnitrate bismuth, zinc ox., and mollin, or lanolin, is also very good.

93 EAST FOURTH STREET.

HOSPITAL REPORTS.

CHARING CROSS HOSPITAL.

UNDER THE CARE OF J. ASTLEY BLOXAM, F.R.C.S.

(Reported by ALFRED S. GUBB.)

CASE OF CIRCUMSCRIBED ABSCESS OVER THE UPPER PART OF THE TIBIA.

WILLIAM H., 29, blacksmith; admitted December 11, 1883. Four years ago he had two abscesses in the left groin, which were opened and subsequently healed. Nine months ago he received a kick from a horse over the upper part of the right

tibia, and some six or eight weeks subsequently he noticed a swelling over the seat of the injury, which became very painful and caused him to leave work. He endeavored to treat it himself in various ways, but it continued to get worse. The patient is able to walk, but if he walks far the swelling increases in size and becomes more painful. The pain is generally more pronounced at night than during the day-time. On examining the case, a pyriform swelling was seen on the right leg, extending from the lower border of the patella half-way down the leg, very tender to the touch. There is a slight scar about four inches below the patella, where the kick was received. Temperature, 98.4° F. Urine, specific gravity 1025; no albumen.

December 13th.—To-day the patient was anæsthetized, and Dr. Bloxam made an incision about two inches in length over the shin, four inches below the patella. The bone was then trephined. The tibia was much thickened, and was very dense in structure, but no sequestrum was found. The wound was then plugged with antiseptic gauze and a drainage-tube inserted. The wound was then dressed antiseptically. On recovery from the operation, the patient still complained of pain in the leg. Temperature, 99.6° F.

December 17th.—The wound was dressed to-day, and a small amount of pus was found on the dressings. Some pain was still complained of.

December 19th.—The patient says he does not feel so well to-day, and complains of shooting pains in the leg and ankle. Temperature normal.

January 2d.—Patient says he felt very ill during the night and was feverish. At 9.45 A.M. Dr. Crocker was called to see him, when he had a rigor lasting ten minutes. Temperature, 102.4°. He complained of headache and thirst. Urine 1015, acid. In the afternoon his temperature again rose to 103.8°, falling to 101° at 6 P.M.

January 3d.—The temperature at 9 A.M. was 103°.

January 4th.—To-day the patient complained of griping pains in the abdomen. The headache still continued. The wound was dressed again to-day, and it looked healthy. Not much discharge. Temperature, 100°.

January 18th.—Patient has been gradually improving.

January 21st.—He was allowed to get up to-day, but he cannot stand on the right leg at present.

January 28th.—To-day Dr. Crocker made an incision over the wound, and a small quantity of pus exuded.

February 1st.—The leg was dressed as usual to-day, and is now nearly healed. Patient left hospital to-day.

ABSCESS OF TESTICLE.

J. M., æt. 24, letter-writer, was admitted on June 12, with the history of having had gonorrhœa about five years previously. Soon after the discharge ceased his left testicle became enlarged and very painful. It was strapped, but did not diminish in size, and two years later it was opened and poulticed. He remained in bed four weeks on that occasion, and at the end of that time, though better, the testicle was still enlarged and discharged. A sinus has persisted ever since. During the last two months the patient had suffered a good deal of pain, both in the testicle and in the leg on the affected side. He was put under ether, and a blunt-pointed bistoury on a grooved director passed into the sinus, letting out a small quantity of pus. The abscess-cavity was then scooped out and some thick, cheesy matter removed. The opening was carried through to the other side, and a drainage-tube inserted. His temperature rose to 100.2° F. immediately after the operation, but soon returned to normal.

July 1st.—The patient was about the same. The wound was syringed regularly with carbolic lotion.

July 9th.—The testicle was strapped to-day with comfort to the patient, and he was made an out-patient.

He returned on August 9th, having gotten much worse after leaving the hospital. The wound was reopened, enlarged and stuffed with carbolized lint.

September 20th.—To-day Dr. Boyd removed the testicle altogether, dressing the wound with iodoform and salicylic wool, several sutures being used to bring the edges into apposition. It gradually healed up, and the patient was discharged on October 8th.

PROVOST WILLIAM PEPPER, of the University of Pennsylvania, had LL.D. conferred upon him by Princeton College, at the Annual Commencement, June 20.

THERAPEUTIC NOTES.

A HYPNOTIC IN ALCOHOLISM.

- ℞ Tr. opii deod.,
 Ext. hyoscy., ... āā f3j.
 Chloral hydrat.,
 Pot. bromid., ... āā 3j.
 Tr. capsici, ... 3ss.
 Tr. aconit. rad., ... ℥iv.
 Aq. menth. pip., q. s. ad f3iv.

M. S.: Two tablespoonfuls at bed-time.

—DR. MANN, in *Brooklyn Medical Journal*.

SUMMER DIARRHOEAS OF INFANCY AND CHILDHOOD.

Dr. Lewis Starr in the Medical Standard, July, gives the following practical preparations:—

Medicinal treatment varies with the case. Should the patient be seen early in the attack, it is initiated by a laxative. A teaspoonful of castor oil with ten drops of paregoric, or the same quantity of spiced syrup of rhubarb, is sufficient for an infant of one year. Afterward, while the stools are yellow, homogeneous, and not very frequent, alkalies and astringents are employed:—

- ℞ Sodii bicarb., ... gr. xxxvj.
 Syr. rhei aromat., ... 3iv.
 Mist. cretæ, ... q. s. ad 3xxiv.

M. S.: One teaspoonful every two hours for a child of one year.

When the stools are frequent, green, and acid in reaction, the following may be employed:—

- ℞ Syr. rhei aromat., ... 3iv.
 Bismuth subcarb., ... 3ij.
 Syrupi acaciæ, ... 3iv.
 Misturæ cretæ, ... q. s. ad 3xxiv.

M. S.: One drachm every two hours. At the same time the abdomen is to be reddened two or three times a day, with a weak mustard draught—one part of mustard to five of flour.

If the evacuations be liquid and contain whitish or greenish flakes, and the above treatment fail after a fair trial, good results often follow a short mercurial course, thus:—

- ℞ Pulv. ipecac. comp., ... gr. ij.
 Hydrarg. chlor. mit., ... gr. ss.
 Cretæ preparat., ... gr. xxxvj.

M. ut ft. chart. No. xii.

S.: One powder every two hours for twenty-four or forty-eight hours, or until the stools become yellow and homogeneous.

Ipecacuanha is chosen where there is much tenesmus with the discharge of blood and mucus. It may be administered as follows:—

- ℞ Ext. ipecac., ... ℥xxij.
 Tr. opii deod., ... ℥viiij.
 Mucilag. acaciæ, q. s. ad 3viiij.

M. S.: Inject a tablespoonful every four hours.

Stimulants—wine of pepsin, brandy or whisky—are given in all infantile cases where there is prostration. Naphthalin is usually ordered as in the following prescription:—

- ℞ Naphthalin,
 Ground coffee, ... āā gr. vj.
 Sugar of milk, ... gr. xxiv.

M. ut ft. chart. No. xii.

S.: One powder every two hours.

FOR CHOLERA INFANTUM ESPECIALLY.

To check the diarrhoea opium and astringents are necessary. A very serviceable formula is the following:—

- ℞ Liquor morphinæ sulphat., 3j.
 Acid. sulphurici aromat., ... ℥xxiv.
 Elix. curacoæ, ... 3iv.
 Aquæ, ... q. s. ad 3xxiv.

M. S.: One teaspoonful every two hours for a child six months old.

When collapse sets in, the quantity of alcohol must be increased, and, if the stomach can bear it, a combination of stimulants is useful, as:—

- ℞ Spt. frumenti, ... 3iv.
 Ammon. carbonatis, ... gr. xxiv.
 Syr. acaciæ, ... 3viiij.
 Aq. menthæ pip., q. s. ad 3xxiv.

M. S.: One teaspoonful p. r. n.

AN ANÆSTHETIC FOR MINOR OPERATIONS.

- ℞ Chloroform,
 Spirits of wine,
 Cologne-water, ... āā.

—*Revue de Thérapeutique*.

FLOODING.

- ℞ Ext. cannabis indicæ, ... gr. viij.
 Ext. ergotæ fluidi, ... 3j.
 Ext. hammamelis fluidi, ... 3ss.
 Tinct. cinnamomi, ... 3ss.

M. S.: Teaspoonful three times a day.—DR. MONTGOMERY, in *Philadelphia Medical Times*.

OBSCURE PAINS.

- ℞ Acidi salicylici, ... 3ij.
 Tincturæ ferri chloridi, ... 3ij.
 Acidi acetici, ... gtt. x.
 Aquæ, ... 3iv.

M. S.: Teaspoonful four times a day.

—DR. ATKINSON, *Ibid*.

PHTHISIS PULMONALIS.

℞ Atropinæ, ... gr. ¼.
Morphiæ sulph., ... gr. ¼.
Tinct. iodinii, ... f3iij.
Acid. carbolicæ (pur.), . . gtt. xx.
Glycerini, ... f3iiss.
Aquæ, ... f3ij.

M. Of this, fifteen to thirty minims are injected into the pulmonary cavities with a hypodermic syringe.—DR. J. B. WHITE, *Med. Record*, May.

REMEDY FOR CATARRHAL AFFECTIONS OF THE RESPIRATORY TRACT.

℞ Terebene, ... f3viiss.
Coniine, ... 3ss.

M. S.: Four drops to be administered to an adult every four hours.—*International Medical and Surgical Synopsis*, May.

SEASICKNESS.

℞ Antipyrin, ... gr. lxxv.
Cocain. hydrochlorat., . . gr. iss.
Caffein., ... gr. iv.
Strych. sulphat., ... gr. ½.
Cognac, ... 3iiss.
Aquæ destillat., . . ad 3xxv.

M. S.: Three teaspoonfuls daily. One teaspoonful to be taken before sailing.—*Revue de Thérapeutique*.—*Medical News*.

THREATENED ABORTION.

℞ Hyd. chlor. corros., . . . gr. j.
Potass. iodid., ... 3j.
Dioburnia, ... 3xvj.

M. Fl. sol.

S.: Tablespoonful in wineglass of hot water three times a day, after meals. To be used during the entire pregnancy.—*St. Louis Medical Review*.

ENLARGED SPLEEN.

Professor DaCosta ordered in a case half-drachm doses of fluid extract of ergot, three times a day; four grains of quinine each morning, and over the abdomen—

℞ Iodinii, ... 3ss.
Ung. belladonnæ,
Lanolin, ... āā 3ss.

M. —*College and Clinical Record*.

BRONCHIAL CATARRH

An excellent prescription in some stages of bronchial catarrh is the following:—

℞ Ammonii chlorid., . . . 3ij.
Extract. glycyrrhizæ, liq., 3iij.
Syrup. pruni virginianæ, . 3ij.
Syrup ipecac., ... 3iij.
Aquæ, ... 3iij.

M. S.: A teaspoonful every three or four hours.—*The Hospital Gazette*, London, June 23d.

GONORRHOEA.

For gonorrhœa, give internally—

℞ Balsam copaibæ, . . . 3j.
Spts. terebinth., . . . 3j.
Spts. nit. dulc., . . . 3j.
Tinct. opii, ... 3j.
Syr. acaciæ, ... 3j.

M. S: A teaspoonful three times a day.

As an injection use:—

℞ Acid. gallici, ... 8j.
Zinci sulph, ... grs. x.
Aquæ (rain), ... 3viij.

M. Inject night and morning.

—A. F. WATKINS, M.D., *Medical Brief*, July.

AMENORRHOEA.

Dr. Dewees says, in amenorrhœa I first prescribe:—

℞ Liquor ferri et quininæ citratæ, ... 3j.
Liquor potassii arsenitis, . 3iij.
Atropinæ,
Strychninæ, ... āā gr. ss.
Elixir aurantii, . q. s. ad 3viij.

M. S.: Teaspoonful in water, before meals, three times daily. The ingredients or dose to be increased according to the tolerance of the patient.

This is continued in cases of emensio-mensium, until there is manifested the peculiar menstrual malaise, or some slight show, when I discontinue it and prescribe:—

℞ Potassii permanganat., . gr. x.
Ft. pil. No. x, compressed
or in capsule.

S.: One pill followed by one-half glassful of water before meals, three times daily.

Also:—

℞ Mangesii bin-oxidi, . . gr. x.
Ft. pil. No. x, compressed
or in capsules.

S.: One pill after each meal, three times daily.

By the second, or at most, the third day after taking these, the flow usually becomes fully established.

INTERCOSTAL NEURALGIA.

Professor DaCosta prescribed—

℞ Sodii arsenit, ... gr. i-40.
Ferri lactat, ... gr. ij.

M. ft. pil.

S.: One three times a day.

Veratrine ointment to be rubbed in along the course of the nerve.—*College and Clinical Record*, July.

THE Medical Bulletin.

JOHN V. SHOEMAKER, A.M., M.D., Editor.

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Philadelphia, August, 1888.

DR. MACKENZIE'S POSITION.

IT is a matter of sincere regret to the friends of Sir Morell Mackenzie that he was so constrained by circumstances to attend the much-lamented Emperor Frederick II. The embarrassing complications of his position in the royal household have led to so much idle gossip about the great laryngologist that he has been grossly misrepresented, and, while he has gained a great deal in the way of a world-wide reputation, he has lost almost as much in the way of esteem from his professional brethren, who have been much too hasty in judging his actions and utterances. Professor Virchow and Dr. Bergmann have suffered in the same way, but the brunt of the criticism is to be borne by Dr. Mackenzie. If it be true, as the newspapers tell us, that Emperor William II has refused to receive his father's favorite physician, certainly a mighty insult has been put upon Dr. Mackenzie. The murmurs of dissatisfaction, which were stifled out of respect to the dying Emperor, have risen since the *post-mortem* to clamoring shouts for an explanation. The newspapers are making capital out of Dr. Mackenzie's unfortunate situation, though, after all, it is a compliment to Dr. Mackenzie's skill that so many believe he must have known from the first the exact nature of the Emperor's malady, and determined its prognosis from the outset. But it is a terrible insult to the professional probity of any man to assert, as some have asserted, that Dr. Mackenzie willfully suppressed the truth to serve the political ends of his royal patient. One journal which we have read went so far as to say that Dr. Mackenzie had admitted having withheld the truth for the sake of the Empress Victoria and her

children; in a word, having sacrificed his professional reputation for his loyalty.

If this were true, there might be found people who would admire Dr. Mackenzie's spirit, but they would not be professional men or Americans. We think it very unlikely, however, that Dr. Mackenzie ever made any such an admission. It certainly would be a very foolish thing for any man to do, even if the truth stood as stated. But we hope to hear from Dr. Mackenzie a denial of this charge, which, if it were not refuted, would, to our mind, most seriously compromise him. As it is, we deeply regret that the press has had so much to say about his position, for he has certainly received many terrible stabs in the dark, and has been hurt in the estimation of people who will never take the pains to verify their impressions. Notoriety always has its penalty, but we should be glad to hear from Dr. Mackenzie, as we undoubtedly will hear, a report of this celebrated case, and perhaps a defense of his own position. At any rate, we consider the denunciations heaped upon him by public slanderers and newsmongers culpably premature, and we hope they may be proven utterly false.

CORRESPONDENCE.

GRAHAM, TEXAS, June 8, 1888.

Editor Medical Bulletin:

DEAR SIR,—George Gage, a boy aged eleven years, received an injury to abdomen from a horse kicking and jumping upon him, on May 9, 1888. When found lying upon the ground, extremely pale, with sick stomach, and complaining of severe abdominal pain, he was carried into the house, and domestic treatment, embracing the application of a few drops of laudanum to abdomen, and the administration of several doses of calomel and Epsom salts, which aggravated the vomiting and intensified his sufferings until late on the evening of the 10th.

I saw the patient at 11 o'clock, P.M., on 10th. He was lying on his back with his legs raised; complained of severe pain in umbilical region; was indisposed to change his position on account of the severity of the pain; vomited at intervals of half an hour; he was pale and weak from vomiting and loss of sleep; the abdomen was greatly swollen and painful on pressure. Bowels constipated, with history of habitual constipation, alternated with occasional attacks of diar-

rhoea. Temperature normal, pulse 120 per minute, respirations rapid and thoracic. Tongue was furred, and complete loss of appetite. There was no external injury outside of a trifling abrasion of skin in epigastrium.

I prescribed morphine and bismuth, for the purpose of relieving pain, checking vomiting, and producing sleep, and applied cloths to abdomen which had been wrung out of hot water and turpentine. This line of treatment, faithfully carried out for a few hours, relieved the vomiting and produced a two hours' sleep, from which the boy awoke feeling refreshed. I left the patient on the morning of the 12th, and did not see him again until the morning of the 13th; at this visit the symptoms were very much the same as on the 12th; had vomited two or three times during night, and had rested fairly well under morphine repeated every two hours. The bowels were tympanitic, and respirations a little more rapid, otherwise same as day previous. I made frequent efforts during day to get action from bowels by enema of water and gruel, but failed in every instant, the injection coming away slightly if at all colored with fecal matter. The morphine and bismuth was ordered every two and a half hours to produce sleep, and the hot cloths, which were well borne, were to be changed every half hour. I saw patient next morning (14th) at 9 A.M.; he was considered not so well; was restless and unable to lie down on account of difficulty of breathing, caused by accumulated gas in intestines pressing upon the diaphragm, and thus compressing the lungs. He was propped up with pillows almost straight in bed. There was increased distension of abdomen, and larger doses of morphia were required to relieve pain. I now made frequent efforts to empty bowels by enema, using soap-suds, gruel, oil, and turpentine in succession, and failing in every effort as before. I now decided to run counter to authorities and give a purgative. Because of sick stomach and some vomiting during the morning, I first applied a large blister over stomach, and, waiting until the skin was well reddened, I gave him a large dose of Epsom salts. I remained with my patient with grave apprehensions as to the effects of the salts, imagining increased peristalsis, with increased inflammatory action, sudden rise of temperature, and a rapid course to dissolution. At the end of four hours he had a large watery discharge from bowels, with expulsion of some gas. This gave the patient much relief; he could now lie down without discomfort; the respiration was less rapid and he rested much better, requiring the morphine less frequently. I left the patient late in evening resting quietly. On my morning visit, on 15th, found patient restless; abdomen again distended; propped up in bed to relieve difficult breathing, and with pulse still 120 and

with temperature slightly above normal; no appetite, and could not be induced to take any nourishment outside of egg-nog, which was kept up every two hours during his illness. Although he had lost much flesh, and was very weak, I now gave him one-drop doses of tinct. verat. viridi every two and a half hours in addition to morphia and bismuth, as indicated; dressed blister with large mush poultice, and ordered salts repeated at night. On morning of 16th much better. Bowels had moved three times from salts; swelling almost entirely gone from upper part of abdomen; respirations normal; veratrum had reduced pulse to 85. No appetite; bowels not so tender to touch except in inguinal region, where ridges of solidified exudate could be felt through the relaxed abdominal walls. He complained of pain on urination, and at the location of the hard ridges in hypogastric and inguinal regions. I continued veratrum in half-drop doses, with morphine three times a day, and directed three grains iodide potassium after meals three times a day, and applied two by two blisters in each inguinal region. From this time and under this treatment he progressed rapidly to convalescence. It seems to me that the purgative in this case was an efficient means of relief to the patient, and that the veratrum in diminishing the frequency of the heart's action detracted a large amount of blood from the inflamed surface, and thus assisted in checking the inflammatory process. It is true that opium could not be dispensed with, but opium alone was not sufficient to meet all the requirements of the case, as the quick relief following the exhibition of the other remedies attests.

J. W. GALLAHER, M.D.

WOMEN PHYSICIANS IN THE PHILADELPHIA COUNTY MEDICAL SOCIETY.

To the Editor of the Medical Bulletin:

SIR,—The successful candidacy of Dr. Mary Willits for membership in the Philadelphia County Medical Society marks an era of progress in the history of the profession in this city. With strange persistency, a certain faction of physicians has for years opposed the admission of women into the charmed circle of the County Medical Society, although women have long since been admitted to the sister societies in other parts of the State, and to many in which we would naturally have looked for less liberality and progressive purpose than we would expect of the Society of Philadelphia County. But neither shame nor ambition sufficed to stimulate the constituency of our own Society until the present crisis, when the members seem suddenly to have awakened to a realization of the undignified attitude which they had assumed,

and to have a strong desire to change it. If the truth were known, we believe it would appear that the revolution in question was due to the enthusiastic efforts of a few generous physicians who determine to champion a worthy cause and vindicate their own judgment and common sense. When these few enthusiasts were found, it needed but the slogan of progress to arouse the many large-minded medical men of whom the Society is composed. When Dr. Willits' name was proposed, which was equivalent to putting the old fighting question before the Society, the vote showed, out of 146 ballots, 107 cast for her,—that is, in favor of the admission of women.

This issue cannot fail to give satisfaction to all liberal medical men whose generous feelings surmount all considerations of policy and personal interest. We should congratulate Dr. Willits on her election, and extend to her with pleasure the right hand of fellowship. I hope that her election may be followed by that of other women physicians in Philadelphia, whose presence in our midst cannot fail to add to the benefit of science, and to awaken a healthy spirit of emulation.

Yours,

LIBERAL.

SCHENECTADY, N. Y., June 25, 1888.

Editor Medical Bulletin:

DEAR SIR:—In your June issue, under the head of "Misnaming," Dr. Samuel Wimpelberg says there is no such disease as diphtheritic sore throat, and that he fails to find diphtheritic sore throat mentioned in any work on medicine which he has ever read. If the doctor will take the third edition of Dr. Alfred L. Loomis' work on "Practical Medicine," turn to page 679, he will see the following under the head of differential diagnosis:—

"When diphtheria prevails as an epidemic, a form of 'sore throat,' a pharyngeal catarrh, usually prevails at the same time, sometimes called 'diphtheritic sore throat.'" The author then goes on to describe this form of sore throat.

Then, too, J. Solis Cohen, M.D., in his work on "Diseases of the Throat and Nasal Passages," the second edition, in his index under the head of sore throat, refers to page 138 for the description of the diphtherial form. I do not claim there is such a disease: I merely point out to the doctor places where he may see and read what he claims that he has never been able to see before. Then, too, both of the authors of the works I have mentioned have a good reputation.

DR. JOHN A. HEATLY.

PROF. J. M. DACOSTA will reside for the summer in the suburbs of Villanova.

MEDICAL NEWS AND MISCELLANY.

DR. E. B. GARDETTE, a prominent dentist of this city, died last week.

DR. LENTHOLD, of Berlin, Germany, has been appointed physician to Emperor William II.

DR. J. CHESTON MORRIS, of Philadelphia, has introduced, through his efforts and writings, much pure milk in our city.

THE NEW JERSEY STATE MEDICAL ASSOCIATION had a large and enthusiastic meeting at the Heath House, Schooley Mountains.

SIR MORELL MACKENZIE served well his patient and his profession in the long months of trial through which he has just passed.

MEDICAL DIRECTOR SHIPPEN RETIRED.—Medical Director Edward Shippen has been placed on the retired list of the navy.

THE METHODIST EPISCOPAL HOSPITAL, OF PHILADELPHIA.—The corner-stone of the Hospital was laid, June 21, at Wolf and Broad Streets.

DR. J. C. APPLGATE, of Fairton, N. J., Class '87, of Jefferson College, Philadelphia, was married June 6th, to Miss Frank Briggs, of Cape Vincent, N. Y.

JERSEY CITY HOSPITAL.—The medical staff of the City Hospital have reorganized by electing Dr. I. N. Quimby, President; Dr. James Finnerty, Secretary; and Dr. T. J. McLaughlin, Curator.

THE LATE DR. RACHEL L. BODLEY.—The Dean of the Woman's Medical College, of Philadelphia, Dr. Rachel L. Bodley, died suddenly recently. She was Professor of Chemistry at the time of her death.

PROFESSOR DONDEERS, the great oculist of Utrecht, has attained his seventy-first year, and retired from his university chair amid a shower of testimonial funds, medals, and decorations from various European sovereigns.

THE YALE MEDICAL SOCIETY, OF NEW HAVEN.—On the 26th of June, Prof. William H. Welch, of the Johns Hopkins University, Baltimore, delivered an address in medicine before the Society, in Battell Chapel.

AMERICAN RHINOLOGICAL ASSOCIATION.—The American Rhinological Association will hold its Sixth Annual Meeting at Cincinnati, Ohio, September 12, 13, and 14, 1888.—DR. JOHN NORTH, Secretary, Keokuk, Iowa.

SANITARIUM FOR CHILDREN.—The twelfth annual opening of the Sanitarium, at Red Bank, N. J., occurred on Tuesday, June 19. Dr. Eugene Wiley, the secretary and treasurer, reports a large and increased attendance over previous years.

CARPET-BEATING.—Carpet-beating in the open air has been forbidden by the Conseil de Salubrité, of Paris. They must be beaten in closed rooms, and the dust subsequently disinfected.—*The Annals of Hygiene.*

HYDROTHERAPY.—In these exceptional cases, in the application of hydrotherapy, one must be sure of the condition of the uterus, and proceed only under the guidance of a competent physician.—*Gazette de Gynécologie.*

THE Consul General at Honolulu reports that many lepers leave the Sandwich Islands as soon as the disease appears, the greater number coming to the United States, in order to prevent being banished to the island of Molokai.—*Journal of the American Medical Association.*

WANTED.—Copies of the March and April issues of MEDICAL BULLETIN. For each copy received the sender's subscription to the BULLETIN will be advanced three months.—F. A. DAVIS, Publisher, 1231 Filbert Street, Philadelphia.

SOME of the physicians who tried to straddle the medical fence in the case of the Emperor of Germany, have been greatly embarrassed by his death. We are afraid that "considerations" have stood in the way of any great benefit to laryngology from the study of his celebrated case.

THE JOHNS HOPKINS HOSPITAL, which an English delegate to the Ninth International Medical Congress said is the finest hospital he knows of, is ready for occupancy. In the meantime, a committee has been examining into the methods employed in several large Eastern cities before adopting any fixed plan.

TREATMENT OF WARTS.—Dr. Roesen treats callosities and warts by the application of pure crystallized salicylic acid. The acid is kept in contact by moistened boracic lint, and over all there is fastened a piece of gutta-percha tissue. The dressing is removed after five days, when hardened epidermis falls off.—*Monat. f. Prakt. Derm.*, 1888.

ALIMENTARY REGIMEN FOR GOUTY PATIENTS.—Gouty patients may eat all kinds of meat, especially white meats. Use in moderation eggs, fish, mollusks, crustaceans, and fatty foods. Vegetables should constitute a large part of their diet—excepting gooseberries and spinach, which contain large proportions of oxalic acid.—**DUJARDIN-BEAUMETZ.**

INSPECTING THE LAZARETTO.—Dr. Joseph D. Jones and Dr. Benjamin Lee have been appointed a committee by the State Board of Health to visit the quarantine stations of the Middle Atlantic District. It is said the inspec-

tion of the Philadelphia Lazaretto has been made, and that it was found in a very unsatisfactory condition by the committee.

TREATMENT OF ECZEMA BY COLD POWDERS.—Dr. Veiel speaks of the soothing effects to be obtained in acute cases without exudation by the application of cold, dry starch-powder. Gauze bags filled with the powder are applied to the part, and kept cold by being covered with india-rubber bottles filled with ice and salt, which are frequently refilled.—*Monat. f. Prakt. Derm.*, 1888.

OBSCURE LEAD-POISONING.—Dr. Moret noticed at Marengo certain curious intestinal derangements, of which the two characteristics were incessant pain and constipation, lasting from four to nine days. One patient had only a paralysis of the extensors. He recognized a saturnine influence in these symptoms,—water having stood in lead pipes or reservoirs, or in glazed pottery.—*Jour. de Méd. et Pharm. d'Algérie.*

SEMMOLA RECEIVES THE CROSS OF THE LEGION OF HONOR.—Dr. Mariano Semmola, who has so successfully treated the Brazilian Emperor, was given the Légion d'Honneur distinction by the French Government for his investigations of albuminuria; and one type of nervous affection of the heart was named "Semmola's disease" by Dr. Hammond, of New York. Dom Pedro's stay at Milan, by the way, is said to have cost about \$80,000.

MEDICAL ADVERTISING.—There is one important feature in connection with medical advertising that is persistently and universally adhered to by physicians all around the world; that is, they are not allowed to purchase advertising the same as other people, that plan being considered, paradoxical as it may seem, dishonorable. There does not, however, appear to be any restriction on the amount of money spent indirectly to secure advertising, but it is a fundamental principle of medical science that the publisher must not get any of it. If he does, the transaction at once becomes very wicked and the poor doctor suffers the most direful consequences.—*Druggists' Circular and Chemical Gazette*, July.

WM. R. WARNER & Co. have issued the following notice to physicians:—

"We take this method of denouncing the circulation of certain erroneous reports, as being the outcome of ignorance or malice.

"We have no connection with the firm of H. H. Warner & Co., of Rochester, who make "Safe Remedies" and other patent medicines.

"Our advertising is to the medical profession, and our pills and products (Warner & Co.'s) have been used and held in high esteem by the

most eminent doctors, during the past thirty years, in the United States and in foreign countries.

"The therapeutic value of a remedy is ascertained by the medical practitioner, and it is the province of the manufacturing chemist to prepare the various medicinal preparations in the most compatible, palatable, and convenient manner by the aid of skill acquired by years of practice and experience.

"It seems to be necessary to specify Wm. R. Warner & Co.'s Pills and Bromo-Soda with Caffein to obtain what you want."

THE NATIONAL ASSOCIATION OF RAILWAY SURGEONS.—The preliminary meeting of this Association was held at the Palmer House, Chicago, Ill., on June 28th, and was called to order by the chairman of the committee, Dr. C. B. Stemen, of Fort Wayne, Ind., at 9.30 o'clock A.M., who said the principal object of the meeting was for permanent organization. The further and additional objects of the Association were to bring the surgeons of the different railroads together annually to develop this special and rapidly-growing branch of surgery, to report cases, to relate experiences, to exchange views, and to discuss the best means and methods of treatment in railway injuries.

The meeting was very largely attended, nearly all the prominent railway surgeons of the country being in attendance. Sixty-three railroads were represented. The Association starts out with a membership of six hundred, and promises to be one of the most active surgical Associations in the United States, for some of the ablest surgical lights of America constitute its make up. The Association elected the following officers for 1889: President, Dr. J. W. Jackson, Kansas City, Mo.; First Vice-President, Dr. J. H. Murphy, St. Paul, Minn.; Second Vice-President, Dr. J. B. Murdock, Pittsburg, Pa.; Third Vice-President, Dr. W. W. Ridenour, Massillon, O.; Fourth Vice-President, Dr. B. L. Hovey, Rochester, N. Y.; Permanent Secretary, Dr. C. B. Stemen, Fort Wayne, Ind.; Assistant Secretary, Dr. J. H. Tressel, Alliance, O.; Corresponding Secretary, Dr. E. R. Lewis, Kansas City, Mo.; Treasurer, Dr. J. Harvey Reed, Mansfield, O.

Next place of meeting, St. Louis, Mo.

ENCYSTED STONE IN THE BLADDER.—Dr. Maclean exhibited before the Detroit Medical Association, at its last meeting, a specimen consisting of the bladder and kidneys removed on post-mortem from a man who had come to his clinic, on whom he had diagnosed vesical calculi. He hesitated for a long time before performing any operation, but subsequently consented at the patient's urgent request, as he was suffering intolerable pain. He removed one stone, but a second, the existence of which had

been ascertained by the sound, could not be removed. The patient after the operation became comatose and died. On examination, the walls of the bladder were found to be thickened about an inch in extent, and the cavity of the bladder much contracted. The prostate was enlarged, the third lobe projecting half way across the cavity of the bladder, and pedunculated. The body of the bladder was drawn backward and adherent to the posterior walls of the pelvis. A fold of intestine was adherent to the fundus of the bladder. A stone was found in a deep pocket in the posterior part of the fundus, which had ulcerated through the bladder into the intestine.

Outside the bladder-walls an abscess-cavity containing half a pint of pus was discovered. The operation of lithotomy, which had been performed at the patient's urgent request, had effected the removal of one stone, but the other could not be removed for the reasons demonstrated by the specimen.

Dr. Maclean said that the suprapubic operation in this case would have been inadmissible, as a glance at the specimen would convince any observer. The suprapubic operation, with its difficulty of securing adequate or complete drainage, offered no expedient in this case.—*The Physician and Surgeon.*

HIGHER MEDICAL EDUCATION.—Dr. John B. Roberts writes as follows to the editor of the *Medical Times*:—

PHILADELPHIA, June 6, 1888.

Editor Philadelphia Medical Times.

SIR: I always, as a rule, refrain from replying to personal notices in the medical and secular press; but I must, in justice to my friend and superior officer, Dr. John B. Deaver, ask you to publicly correct the erroneous statement which has twice crept into the columns of the *Times*. I have not been appointed Demonstrator of Anatomy in the University of Pennsylvania, nor am I likely to be; but that important and onerous post is held by Dr. Deaver, who will, I trust, continue to give his valuable services to the institution for a long time to come. I am simply one of his assistants. The history of my recent connection with the University is this: When, last year, Dr. R. J. Levis was about to resign his position as Surgeon to and Lecturer on Clinical Surgery at the Jefferson Medical College Hospital, I was informed by those having control of the appointment of his successor that I would be elected to fill his place if I desired it. On account of my belief in the present necessity for a higher medical education, I was unable to convince myself of the propriety of accepting even so high and valuable a position in my alma mater, while she continued to confer the degree of Doctor in Medicine after attendance upon but

two courses of medical lectures. This refusal coming to the cognizance of the authorities of the University of Pennsylvania, they offered me the subordinate post of Assistant Demonstrator in the dissecting-room. This I gladly accepted. I am, therefore, Your obedient servant,

JOHN B. ROBERTS,
Assistant Demonstrator of Anatomy,
University of Pennsylvania.

1627 WALNUT STREET.

A SOURCE OF INFECTION.—To obstetricians, who need to be constantly on the lookout for possible sources of puerperal septicæmic infection, the following case, revealing a somewhat unusual, or at least unexpected, source of danger, sent us by a correspondent, will have some interest: "A few months ago," he states, "I confined a woman of her seventh child. Immediately after birth she developed unmistakable signs of so-called puerperal fever, which rapidly terminated in death. During and after the confinement, I carried out the strictest antiseptic treatment. Part of the post-partum treatment consisted in washing out the uterus with an antiseptic twice daily. For this purpose I used an ordinary Higginson's syringe, with large catheter attached. The catheter I provided myself, taking care to use one which had never been used for any purpose before. The syringe my patient provided me with was a new one. At the termination of the case, I advised my patient's friends to burn the syringe and the catheter, this being, I thought, the surest way to prevent the possibility of subsequent infection from their being given out on loan. Quite recently I learned upon inquiry that the catheter had been burned, but the syringe had been returned to the chemist from whom it had been borrowed at a moderate charge per diem. The poorer classes are, it appears, in the habit of borrowing syringes in this way, and one at least of my professional neighbors sends his patients to the chemist to hire one when he finds they cannot afford to purchase. It is not difficult to see how, under these circumstances, puerperal septicæmia may be spread. I bought from the chemist one of the syringes he keeps on hire. The other he told me had not been returned. 'Indeed,' he added, 'I lose on an average one in the month.' Although I put the one I secured beyond the possibility of future harm, unfortunately it is impossible to identify it as the one I used some months ago, which means that the stolen one is at large, possibly carrying with it puerperal septicæmic influences."—*British Medical Journal*, June 9th.

AMERICAN ASSOCIATION OF OBSTETRICIANS AND GYNÆCOLOGISTS.—Preliminary announcement of the annual meeting, to be held in Washington, D. C., September 18, 19, and 20, 1888. The following subjects are announced:—

The President's Annual Address, William H. Taylor, Cincinnati.

Discussion.—Extra-Uterine Pregnancy. 1. Pathology. 2. Diagnosis. 3. Treatment. (a) Medical. (b) Electrolytic. (c) Surgical.

"The Relations of the Abdominal Surgeon to the Obstetrician and Gynæcologist," Albert Vander Veer, Albany; "Operation for an Unusual Case of Subserous Uterine Fibroid," Hampton Eugene Hill, Saco, Me.; "Drainage in Abdominal and Pelvic Surgery," Joseph Price, Philadelphia; "Double Ovariectomy during Pregnancy—a Successful Case Going on to Full Term," William Warren Potter, Buffalo; "The Indications for Artificial Aid in Labor," Thomas Opie, Baltimore; "The Technique of Vaginal Hysterectomy," James H. Etheridge, Chicago; "The Surgical Treatment of the Perinæum," William H. Wathen, Louisville; "Laparotomy in Peritonitis," E. E. Montgomery, Philadelphia; "Tumors of the Abdominal Wall," Charles A. L. Reed, Cincinnati; "Uterine Fibroids—their Diagnosis and Treatment," Thomas J. Maxwell, Keokuk; "Desmoid (Fibroid) Tumors of the Abdominal Walls," Edward J. Ill, Newark; "Ruptured Perinæum," J. Henry Carstens, Detroit; "A Contribution to the Study of Pelvic Abscess," Clinton Cushing, San Francisco; "The Female Perinæum—its Anatomy, Physiological Function, and Methods of Restoration after Injury" (this paper will be illustrated with lime-light and screen), Henry O. Marcy, Boston; "Heart Failure in the Puerperium," Thomas Lothrop, Buffalo; "Treatment of Suppurative Peritonitis," William H. Myers, Fort Wayne; "Operative Treatment in Uterine Carcinoma," George R. Shepard, Hartford; "The Reflexes Reflected; or, Some Things that Retard Progress in Gynæcic Surgery," Joseph Eastman, Indianapolis; "Some Points in Relation to the Diagnosis of Pregnancy in the Early Months," James P. Boyd, Albany; "Vaginal Tamponnement in the Treatment of Prolapsed Ovaries," W. P. Manton, Detroit.

Mr. Lawson Tait, F.R.C.S.E., Birmingham, Eng., will also present a paper on "The Methods of Success in Abdominal Surgery."

Note.—Mr. Lawson Tait, Dr. Franklin Townsend, Dr. E. E. Montgomery, Dr. Charles A. L. Reed, Dr. A. Vander Veer, and others will participate in the discussion on "Extra-Uterine Pregnancy." The full announcement of the topics that each referee will speak to will be made in the final programme to be issued in August.

William H. Taylor, M.D., President; William W. Potter, M.D., Secretary.

DIABETES: ITS CONNECTION WITH NERVOUS AFFECTIONS.—According to Auerbach this subject has only been skimmed over by German physicians. In France, the efforts of Féré, Le-

corché, Legrande du Saule need to be developed. After the important discovery of Claude Bernard concerning the effects produced by pricking the fourth ventricle, we might suppose that we were at last in possession of the secret of diabetes. We know, thanks to experimental physiology, that there is a centre in the brain which presides over the secretion of the liver and the lesions of which cause glycosuria. We were in error, and to-day we are no farther advanced. Diabetes is no longer considered an exaggeration of the normal function; we can no longer prove positively that diabetes is due to a lesion of such and such a part of the nervous system. What seems proven is that one may become diabetic after a violent moral emotion; that, according to the experiments of Schiff, and of Kulz, section of the sciatic nerve causes the same result. Léon Gros has seen glycosuria caused at the time when occipital neuralgia attained its paroxysm. The action of the nervous system would then seem undeniable in all cases of diabetes.

"Let us leave the etiology of diabetes," says Auerbach, "and see the nervous consequences of it."

Melancholy, bad-temper, insomnia, and chilliness are frequent in diabetics. They become hypochondriacs; they analyze their own urine—are forever weighing it. The hypochondriac diabetic becomes lazy,—more than that, a paretic who fatigues himself for nothing; insomnia has a direct action, as well as glycosuria itself, upon the motor weakness which soon ensues.

We recall, in Auerbach's article, an important detail concerning diabetic or so-called diabetic psychoses: "However such intellectual difficulties may be produced, there must be a special morbid predisposition. All diabetics are not hypochondriacs." The author cites a forcible example:—

A man who dies insane. His wife dies diabetic. Eleven children are born of this union: only four escape the fatal heredity; of the other seven, two die, one of psychosis, the other of diabetes; four actually suffer from psychosis and the last from diabetes. Several children of these eleven, direct descendants, are already suffering from psychosis and diabetes. In this case, the relation between psychoses and diabetes may be directly traced.

The author proceeds to diabetic apoplexies and different kinds of paralysis which follow them, and he declares that in the majority of cases, if we can completely dispel sugar from the urine, all the paralytic phenomena will disappear. To the neuralgias (occipital especially) which affect the patients in question we must add hyperæsthesia of all kinds, but located especially on the soles of the feet, where they render walking or even standing impossible. We must

add, furthermore, paræsthesia, and subjective sensations. An old man can sleep only when he puts a large stone on his head. He controls in this way a subjective sensation which is very painful,—a feeling as though the top of his head were broken. All this disappears when glycosuria disappears. As to the sensory phenomena, there is retinitis, atrophy of the optic nerve, and various affections of the auditory nerve. There is no affection of the senses of taste or smell. Occasionally there is hyperhydrosis, although diabetes generally has very little action on the nerves of secretion. We may find also different cutaneous affections and a glossy appearance of the skin. Absence of reflex in the patella is met with in from thirty-five to forty cases in a hundred.

Finally, says Auerbach, concerning the impotence of diabetes, the presence of sugar in the blood has a direct influence upon the vitality and upon the production of spermatozoon. As to the general pathogenesis of diabetes, the author says that we should no longer risk the statement that it comes from any special affection of the nerve-centres.—*Journal des Sciences Méd. de Lille.*

THE FOOD IN ACUTE DISEASES.—A medical education does not yet include any teaching as to what is good in the matter of food in acute illness—in this country, at least. So said Sir William Roberts, in his address on "The Feeding of the Sick," before the British Medical Association in 1885, and his assertion cannot be gainsaid. Nor is it easy to see how long it will be before a less scandalous condition will come into existence. It is understood, both in and out of the profession, that a "slop diet" is the proper thing. But "slops" practically are no more than meat infusions, especially beef-tea, milk and seltzer water, and home-made lemonade. Meat infusions, however, are not food, though they have a value of their own. They contain valuable blood-salts and extractives, which are stimulant, but they are not "food." They are excellent vehicles for food, as broken biscuit, for instance. Milk should be converted into whey, according to Dr. King Chambers. Lemonade has a certain food-value in proportion to the sugar it contains, and is all the better if made with cream tartar.

What is required by persons acutely sick? That depends upon the temperature. If there be pyrexia present, it is not only useless to give albuminoid matters, as no histogenesis goes on, but there is the positive risk of adding to the waste and excrementitious matters floating in the blood. Soluble carbohydrates and blood-salts are what is required. A person may be acutely ill, as in bronchitis, for instance, with but a very trifling rise in temperature, and then milk is not contra-indicated. In such cases, milk which has

been well boiled is excellent. The advantages of such boiling are two-fold: (1) It destroys disease-germs, and (2) the curd is small and flocculent, and there is no risk of that firm curd which is fraught with so much danger, especially in typhoid fever. It is also very pleasant in the form of junket, or "curds and whey." Some soluble carbohydrate may be added with advantage. But what is a "soluble carbohydrate?" the reader asks impatiently. He ought to have been told in his college course, but it was nobody's duty to tell him, as no examiner would ever ask him such a question. The lecturer on physiology describes to him the act of digestion, and tells him how the saliva converts insoluble starch into soluble grape-sugar in order that it may pass through the wall of the alimentary canal. But what he has to do when the saliva is scanty and inert is not yet the business of any teacher. He has that to find out for himself—if he can.

The first person who recognized the importance of converting insoluble starch into a soluble maltose was M. Mellin, with his "non-farinaeous food." He has been followed by a host of imitators, and many excellent predigested foods are on the market. Such foods consist, in the main, of baked flour, or biscuit-powder, and malt. They go well with meat infusions, and lend to them a true food value. With a little salt the whole forms a valuable drink-food, hot or cold. As a food merely, the malt extracts possess no advantage over dry maltose. The malt extract is difficult to handle from its viscosity. A dry preparation is easily made into a syrup which will readily pour. Such a malt-syrup is most pleasant with an aerated water, and can be iced if desired. A little sharpness can be given to it by a little lemon-juice, or lime-juice, or the syrup can be frozen into a nutritive ice. Where the pyrexia is not great, it is well to boil milk (one pint) and Mellin's food (a tablespoonful) for an hour. Some of this, with an aerated water, is most palatable and nutritive. The body wastes in pyrexial disease, and often the lamp of life goes out for want of fuel. If no food be given, the sufferer sinks of inanition. If food be given which requires digestion when the digestive ferments are inert, the sufferer dies of starvation just the same. Death from hunger is the hard lot of each. Yes, and myriads perish annually; succumb to this horrible fate with loving friends around them, anxious to be of service and grudging no expense, while the medical man looks on complacently, and assures them that "everything is being done," unconscious of the abominable falsehood he is uttering. The solemn farce goes on in hundreds of households, annually, without a scintilla of suspicion being aroused as to the true state of affairs. It is something worse than homicide by misadventure.

What is required is fuel-food in such form as

not to require the action of the digestive ferments when these are powerless: The milk sugar of milk, the maltose and dextrine of prepared foods, with water, and some blood-salts. In all fevers; in inflammatory conditions; in the acute gastric upsets which occur with delicate children and phthisical patients; in all gastric diseases, and in those conditions of gastric catarrh which follow upon obstruction in the pulmonary circulation, whether due to disease in the heart or lungs, liquid food containing a sufficiency of carbohydrates in soluble form are essential to life. There is no necessity to make the meat infusions too strong. When persons speak of the amount of meat used in the preparation of beef-tea given to a certain person who has joined the majority, they do not know what pernicious nonsense they are talking—pernicious because misleading. The food-value of the beef-tea depends upon what is added to it!—The late J. MILNER FOTHERGILL, M.D., in *London Hospital Gazette*.

BOOK REVIEWS.

The Pathology, Diagnosis, and Treatment of the Diseases of Women. By GRAILY HEWITT, M.D., London, F.R.C.P., Professor of Midwifery and Diseases of Women, University College, and Obstetric Physician to the Hospital; formerly President of the Obstetrical Society of London; Honorary Fellow of the Obstetrical Society of Berlin; Honorary Fellow of the Gynecological Society of Boston. A new American from the Fourth Revised and Enlarged London Edition. Edited, with notes, additions, and illustrations, by H. MARION-SIMS, M.D., Attending Surgeon to St. Elizabeth's Hospital, N. Y., etc. Three octavo volumes, over 1000 pages, with 240 illustrations, handsomely bound. Vol. I contains 350 pages and 104 illustrations, price \$2.75; Vol. II contains 322 pages and 64 illustrations, price \$2.75; Vol. III contains 365 pages and 72 illustrations, price \$2.75. Seventh, Eighth, and Ninth Volumes of the Series. Medical Classics. E. B. Treat, 771 Broadway, N. Y.

Volume I of this valuable work contains an account of the general considerations respecting the diseases of the sexual organs in women, the natural history of the uterus and ovaries, and the various methods of examination of the uterus and ovaries. In making reference to the latter the author states that in health it is not easy to determine the outline and position of the ovaries by means of the touch, in consequence of their position. Dr. Hewitt then proceeds most practically to outline the method of examination, adding, in conclusion, in cases where the Fallo-

pian tube is enlarged or dropsical, the enlargement might be confounded with the ovary or portions of the intestine descending into Douglas' pouch, might possibly simulate the outline of the ovary.

In this same volume, which is well illustrated, Dr. Hewitt, in writing of symptomatology of diseases of the uterus, classifies hysteria as one of the various reflex phenomena that may occur. These so-called hysterical symptoms, he adds, are deserving of a very attentive inquiry, in view of the recent additions to our knowledge of the diseases of the sexual organs. The more rational and simple explanations which can now be given of various hitherto obscure symptoms, he further says, which are liable to be observed in women, will be found to extend themselves to the peculiar nervous manifestations hitherto described as "hysterical," and, for my own part, I am quite convinced, by the numerous carefully-observed facts which have come under my notice, that many of these hysterical symptoms can no longer, with any degree of exactness, be regarded as fanciful and intangible and inexplicable, but that they will be found susceptible of a simple interpretation.

Dr. Hewitt, besides treating of various disorders of the uterus in this volume, lays much stress especially upon malnutrition of the uterus, in which he rightfully concludes that the dietary must then be the first object of attention.

Volume II opens with a description of lateriflexion of the uterus, followed with a chapter on incision and dilatation of the cervical canal, together with the use of stem-pessaries. Upon this important subject the late Marion-Sims received from the author much credit. In speaking of the external, as Sims' knife is recommended for the incision, Sims' position and Sims' speculum is also suggested. In dilatation of the canal of the uterus, in referring to metallic dilators, Sims' also receives preference from the author. Vomiting of pregnancy, symptoms which sometimes may be severe or even dangerous, has received from Dr. Hewitt most careful attention in this volume. Reference is made by the author to an explanation and a paper upon pregnancy published in 1871. In his opinion, the nausea of pregnancy is a neurosis which is a reflex symptom, which he shows is due to some uterine distortion, and which can be relieved by appropriate mechanical treatment. Amenorrhœa, menorrhagia, and dysmenorrhœa have, each in turn, received a most thorough consideration from Dr. Hewitt. The treatment of the latter affection is reviewed very practically, and the author adds dysmenorrhœa, when severe and of long standing. It is hopeless to expect good results from the ordinary palliative or so-called general treatment.

Volume III is devoted to fibroid tumors of the uterus, polypus, fibro-cystic tumors of the uterus, cancer of the uterus, tubercle of the uterus, and diseases of the Fallopian tubes, ovaries, perineum, vulva, vagina, urethra, and bladder. Dr. Hewitt has written the entire work with great care, and has shown his large clinical experience in the various diseases described. In Volume IV the chapters on fibroid tumors and ovariotomy include all the more recent advancements made upon these subjects, especially with regard to the use of electrolysis, and the great antiseptic precautions now instituted in all operative procedures. Dr. Hewitt, the author of this invaluable work, has been for many years well known to the American medical profession by his many ably-written articles and suggestions upon diseases of women. Last fall, during the meeting of the Ninth International Medical Congress, held in Washington, the many American physicians from all parts of our land had the pleasure of listening to some able remarks from this distinguished author, who has increased his reputation with each succeeding issue of the work before us. The notes and additions made by the American author, Dr. H. Marion-Sims, of New York, are terse, practical, and interesting. Dr. Sims has ably performed his task upon one of the best books in the English language in reference to diseases of women.—*The Medical Register*.

CYCLOPÆDIA OF OBSTETRICS AND GYNÆCOLOGY. Vol. V.

Gynecological Diagnosis; General Gynecological Therapeutics. By R. CHROBAK, M.D., Professor of Gynecology at the University of Vienna. *Electricity in Gynecology and Obstetrics.* By EGBERT H. GRANDIN, M.D., Obstetric Surgeon to the New York Maternity Hospital. With 160 fine wood engravings. 8vo., pp. 390. New York: Wm. Wood & Co., 1887. *Op. cit.*, vol. viii.

Diseases of the Ovaries. By DR. R. OLSHAUSEN, Professor of Gynecology and Obstetrics at the University of Halle. With thirty-six fine wood engravings. 8vo., pp. 414. New York: Wm. Wood & Co., 1887. *Op. cit.*, vol. xi.

Sterility: Developmental Anomalies of the Uterus. By P. MULLER, M.D., Professor of Obstetrics and Gynecology at the University of Berne. *The Menopause.* By E. BORNER, M.D., Professor of Obstetrics and Gynecology at the University of Graz. With fifty fine wood engravings. 8vo., pp. 383. New York: Wm. Wood & Co., 1887. *Op. cit.*, vol. xii.

Diseases of the Tubes, Ligaments, Pelvic Peritoneum, and Pelvic Cellular Tissue; Extra-Uterine Pregnancy. By L. BANDL, M.D.,

Professor of Obstetrics and Gynæcology at the University of Prague. *Diseases of the External Female Genitals: Lacerations of the Peritoneum.* By P. ZWEIFEL, M.D., Professor of Obstetrics and Gynæcology at the University of Erlangere. With one chromo-lithograph plate and eighty-eight fine wood engravings. 8vo. New York; Wm. Wood & Co., 1887.

The whole edited by EGBERT H. GRANDIN, M.D., Obstetric Surgeon to the New York Maternity Hospital, Instructor in Gynæcology at the New York Polyclinic, Fellow of the Obstetrical Society, etc., etc.

These four books make the remaining volumes of one of the grandest works that has ever been published upon a special subject. There is little need for an individual review of the tomes, as all that has been said of those already published is applicable to these. They are simply a complete exposition of known facts upon each subject up to the present day. Of course, as one may imagine, they are verbose; yet the matter is so charmingly written and clearly put that the deeper one reads the more fascinating the matter becomes. The arrangement of the matter into the various authors' hands is so happily placed and so fully expounded that little, indeed, can be sought for that will not be found. In our cyclopædias of more modern date the division of the material has not been so well made, and only too frequently reference for elucidation will meet with negative results. The happy thought of giving to each writer the complete division has certainly borne most generous fruit. Of the writers themselves little need be said. They are men who long since have been placed in the fiery ordeal, and, phoenix-like, have risen to write their names on the immortal list of medical grandees. No greater galaxy of names can anywhere be found than those adorning the title-pages of this great work. The brilliant success that has already attended this work will, we hope, soon call for another edition, and when it comes we earnestly hope that those irregularities of translation that are met with in the work, and that tend to mar it, will have been remedied. Furthermore, we hope to see the present illustrations replaced by an entirely new set. In a work such as this one is, one certainly expects drawings of character to aptly fit the text. But if one picked up one of the volumes, such as the eleventh, for instance, and were to glance at the illustrations and judge of the character of the book from these, it would be thrown aside in disgust. A few, indeed, of them are good, but the vast majority are little better than newspaper illustrations. And yet we might aptly apply an old saying,—“With all thy faults I love thee still,” for the good in them is so infinitely superior, and

looms so far above the ill, that little heed is taken of the latter. In conclusion, we would give to the editor our appreciation of the excellent manner in which he has acquitted himself of a great task. His choice of authors has been a happy one; his own writings are certainly placed in fitting company, and only those who have had experience in such publications can appreciate how nobly he has fulfilled his Herculean task. So, let those who in future will drink at this generous fountain reserve a kindly thought for its excellent purveyor.

THE LOMB PRIZE ESSAYS, issued by the American Public Health Association, are four in number, as follow:—

- I. *Healthy Homes and Foods for the Working Classes.* By VICTOR C. VAUGHAN, M.D., Ph.D., Professor in University of Michigan. Prize, \$200.
- II. *The Sanitary Conditions and Necessities of School-houses and School-life.* By D. F. LINCOLN, M.D., Boston, Mass. Prize, \$200.
- III. *Disinfection and Individual Prophylaxis against Infectious Diseases.* By GEORGE M. STERNBERG, M.D., Major and Surgeon U. S. Army. Prize, \$500.
- IV. *The Preventable Causes of Disease, Injury, and Death in American Manufactories and Workshops, and the Best Means and Appliances for Preventing and Avoiding them.* By GEORGE H. IRELAND, Springfield, Mass. Prize, \$200.

No comment is here required to impress upon the practitioner the advantages to be derived from a general dissemination of the information herein contained, and we cheerfully make the following extract from the circular issued by Dr. Irving A. Watson, secretary, Concord, N. H., from whom copies can be obtained:—

“That these essays may be placed in the hands of every family in the country is the earnest desire of the association, as well as the heartfelt wish of the public-spirited and philanthropic citizen whose unpretentious generosity and unselfish devotion to the interests of humanity have given us these essays, but the financial inability of the association renders it impossible to distribute them gratuitously. Therefore, a price covering the cost has been placed upon these publications. It is to be hoped, however, that government departments, State and local boards of health, sanitary and benevolent associations, etc., will either publish these essays, or purchase editions at cost of the association, for distribution among the people.

Although a copyright has been placed upon these essays for legitimate protection, permission to publish, under certain conditions, can be obtained by addressing the secretary.

COMMERCIAL NEWS.

DIAGNOSIS ON THE BASIS OF ORTHOGRAPHY.

"Well, how is this, my dear sir?" inquired the local practitioner; "you sent me a letter stating that you had been attacked by small-pox, and I find you suffering from rheumatism." "Well, you see, doctor, it's like this," said the patient; "there wasn't a soul in the house who could spell rheumatism."

BROMO-SODA.

St. Louis, Mo., April 8, 1887.

I have used effervescing bromo-soda very extensively, and can cheerfully recommend it to my professional brethren. It is of great value to those practitioners making a specialty of nervous and mental diseases. The addition of the grain of caffeine hydrobromate to the thirty grains of sodium bromide I think a happy idea. I recommend your bromo-soda because I have used sodium bromide for years instead of the potassium bromide. Sodium bromide is not a foreign salt in the system, is much less depressant, can be used where the heart is extremely weak, and does not impair the integrity of the muscular tissue. Does not cause bad breath, neither does it cause acne, nor impair pharyngeal sensibility. It is much more palatable, and has the happy faculty of agreeing with the stomach, where the corresponding potassium salt often gives us such trouble. I find effervescing bromo-soda very valuable in congestive and some forms of nervous headache, and especially those headaches superinduced by overwork of a mental kind. In fact, at times, when overworked, I have refreshed myself with a little in water.

I use effervescing bromo-soda in dessertspoonful doses rather than teaspoonful doses, desiring to spare myself the necessity of repeating. I put this quantity in a glass not quite half full of water, order it drank while effervescing, and find it relieves headache as if by magic.

J. K. BAUDUY, M.D., LL.D.,
Professor of Nervous and Mental Diseases,
Missouri Medical College.

I have used effervescing bromo-soda, as above indicated by my father, with signal success.

DR. BAUDUY, JR.

A GREAT CONSOLATION.

Physician—I congratulate you sincerely.

Patient (eagerly)—Then I am going to get well?

Physician—Well, no, not exactly; but, after consultation, we have discovered that your case is entirely unique. We have decided to give your name to the disease, if our diagnosis is confirmed—at the autopsy.—*French Journal.*

COLDEN'S LIQUID BEEF TONIC.

That all the medical profession may properly understand its merits, the following analysis is appended as given by a distinguished physician and chemist of London, Eng., where the preparation originated:—

"The following is a correct analysis of Colden's Liquid Beef Tonic, perfected January 3, 1868. I obtained the samples indiscriminately from the company's warehouse, Lower Thames Street, London, E. C. I find this preparation contains:—

20 per cent. saccharine matter.....	20
25 per cent. glutinous or nutritious matter obtained in the condensation of the beef	25
25 per cent. spirits rendered non-injurious to the most delicate stomach by the extraction of the fusel oil.....	25
30 per cent. of an aqueous solution of several herbs and roots, among which are most discernible Peruvian and Calisaya barks.....	30
Total.....	100

"I have had the process explained by which the beef in this preparation is preserved and rendered soluble by the brandy employed, and I am satisfied this combination will prove a valuable adjunct to our pharmacopœia. (Signed) ARTHUR HILL HASSELL, M.D., F.R.S., President of the Royal Analytical Association, London. Russell Square, London, W. C., January 3, 1868."

Since the date of the above analysis, and by the urgent request of several eminent members of the medical profession, I have added to each wineglassful of this preparation two grains of soluble citrate of iron.

T. COLDEN.

CRITICISM.

The following comments in a London letter to the Philadelphia Press shows the present force and value of criticism made in a large centre:—

"The Pall Mall Gazette did a clear thing recently. Sir Everett Millais said he did not know what to make of the London art circles, as the one condemned what the other applauded. The paper thereupon got up an article nearly two columns long of parallel quotations from the criticisms on the Academy from the leading dailies. The result was most instructive. It quite clearly shows that dyspepsia rather than culture is the true key to artistic criticism in numerous instances. The critics of the Times, Telegraph, Chronicle, Standard, Morning Post, and other journals are diametrically at odds over the simplest and clearest propositions. The way in which white is called black and black white by high salaried art judges is really amusing. If London prides itself on anything, it is on the marked advance in the philosophy of criticism. The only chance now to maintain that reputation is to have a congress of critics and agree on some canons of taste in pictorial art.